



Appeal Application

City of Southport, North Carolina

1029 N. Howe St, Southport NC 28461
www.southportnc.org

Planning & Inspections
Phone 910-457-7961 Fax 910-457-7957

For Staff Use Only

Application No. _____

Receipt No. _____

FEE: \$ _____

Date Received: _____

APPLICATION REQUEST(S):

- _____ Appeal of Decision or Action of the Administration
- _____ Appeal of Action or Determination of the Code of Enforcement Officer
- _____ Request and Interpretation of Zoning and/or Code of Ordinance
- _____ Interpretation of Zoning Map
- _____ Submittal of Variance Application

PROPERTY (Location/identification information for property to which appeal request refers):

Name of Owner: _____

Address of property: _____ **City:** _____

State: _____ **Zip Code:** _____ **Phone:** _____

Tax Parcel ID: _____ **Zoning District Classification:** _____

Subdivision Name: _____ **Section:** _____ **Lot #:** _____

Current Use of Property: _____

Applicant/Appellant Information (If different than above):

Applicant's Name: _____ **Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

GENERAL CHECKLIST FOR SUBMITTAL:

The following information/documentation items are required prior to the submittal being scheduled for review by the Board of Adjustment:

- _____ Completed appeal / interpretation / variance application form (with owner consent)
- _____ Current and Accurate information as to applicant, owner, subject property, and item at issue
- _____ Copy of Decision, Order, or Action being appealed (including date)
- _____ Specific section reference to the Ordinance or Guideline at issue in appeal or interpretation request
- _____ Completion of all justification / explanation questions applicable to your submittal
- _____ If applicable to your submittal: provide twelve (12) sets of a scaled drawing of the site plan
- _____ If applicable to your submittal: provide twelve (12) copies of each exhibit (8 ½" x 11" or 11" x 17")
- _____ If applicable to your submittal: Pre-application conference with Planning Staff
- _____ All FILING FEES must be paid upon submittal of completed application package

Signature (Owner or Authorized Applicant)

Date

APPROVED BY

UDO Administrator

Date