



TRANSYLVANIA COUNTY
PISGAH FOREST COMMUNITY ZONING
APPLICATION TO APPEAL A ZONING ACTION
OR PETITION AN INTERPRETATION

Date _____

Appeal Number _____

TO THE TRANSYLVANIA COUNTY BOARD OF ADJUSTMENT:

Fill out the following to Appeal a Decision:

I, _____, hereby appeal to the Board of Adjustment from the following adverse decision of a Zoning Administrator:

This adverse decision was made with respect to property described in the attached General Application Form for a zoning permit.

Fill out the following to Request an Interpretation:

I, _____, hereby request an interpretation of:

(name of applicant)

the Zoning Map

the following section(s) of the text of the Ordinance:

inssofar as the map and/or the ordinance relate to the use of the property described in the attached General Application Form.

STATEMENT BY APPELLANT: (In the space below, or on the next page of this form, state what reasons you have for believing that the adverse decision should be overturned or that your interpretation is the correct one.)

I certify that all the information presented by me in this application is accurate to the best of my knowledge, information and belief.

Signature of applicant

