



# City of Monroe Appeal Application Form

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

## FOR STAFF USE ONLY

PROJECT \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

FEE AMOUNT \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_

## Applicant's Relationship to the Property Owner (Check the one that applies):

- Owner
- Legal Representative of the Owner (must attach Affidavit of owner's permission for this action)
- Developer (must attach Affidavit of owner's permission for this action)
- Other, specify (must attach Affidavit of owner's permission for this action)  
\_\_\_\_\_

Property Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Date of Zoning Officer's decision: \_\_\_\_\_

Summary of Zoning Officer's decision: \_\_\_\_\_

Reason for appeal of decision: \_\_\_\_\_

**To the best of my knowledge, all of the information herein submitted is accurate and complete. If you are signing on behalf of a company, please include your title within the company**

By signing and submitting this document, I agree that all signatures where required may be Electronically Signed by either party pursuant to NCGS 66-315(b).

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Applicant-Printed

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Applicant-Signature

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Date

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Signature of Zoning Officer

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Date

***FOR STAFF USE ONLY***

(PLEASE DO NOT WRITE BELOW THIS LINE)

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Public hearing date: \_\_\_\_\_

Notice to applicant and adjoining property owners mailed on: \_\_\_\_\_ INT. \_\_\_\_\_

Action taken by the Board of Adjustment: \_\_\_\_\_

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Notification of Action mailed to applicant on: \_\_\_\_\_