

Application Packet for Appeals

Pursuant to 17-382, any decision of the Town Manager, Planning Director, or other designee, made in the administration of the provisions of Chapter 17 of the *Selma Municipal Code* maybe appealed to the Board of Adjustment by any person aggrieved by such decision. An application for appeal shall be filed within thirty (30) days of the filing of the decision being appealed or the delivery of any required written notice of the decision, whichever is later.

Appeals from an action of the Board of Adjustment shall be heard by the Johnston County Superior Court and must be filed with the court in the time prescribed in NCGS 160A-388(e2).

This packet is only for appeals made to the Board of Adjustment; contact the court for the application process for appeals made to the Johnston County Superior Court.

Deadlines

Appeals must be made within thirty (30) days of the filing of the decision in the office of the Planning Director or the delivery of the notice required in Chapter 17, Section 17-382 of Selma's Municipal Code.

Fee Schedule

There is \$200 fee for appeals made to the Board of Adjustment.

Submittal Requirements

- Complete application
- Statement describing specifically what is being appealed, state specific ordinance section, and what errors interpretation the applicant believes has been made.
- Appeal Fee of \$200.

NOTE: Please be specific in describing the error or errors so the Board of Adjustment can fully consider your request.

**APPLICATION FOR
Appeal to the Board of Adjustment**

Planning and Economic Development Department
100 N. Raiford Street, Selma, NC 27576
Phone: (919) 965-9841, Ext. 1006, Fax: (919) 965-8517
Website: www.selma-nc.com

Property Address: _____
PIN #: _____ Zoning: _____ Lot Size (acres or sq. ft.): _____

Applicant Name: _____
Mailing Address: _____ Phone: _____
City, State, Zip: _____ E-mail: _____

Legal Relationship of Applicant to Property Owner _____

Note: If the Applicant is not the Property Owner, the attached Owner's Authorization as Agent.

Property Owner Name: _____
Mailing Address: _____ Phone: _____
City, State, Zip: _____ E-mail: _____

Appeal Information

Appeal of an action of the:

Planning Director Codes Administrator Other: _____

Adverse decision: _____

Date of decision: _____

STATEMENT BY APPELLANT: The grounds for this appeal are as hereinafter set forth: (In the space provided below, or on a separate sheet of paper, present your reasons for believing the decision, determination, or order is erroneous.) I certify that all of the information presented by me in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date