



Town of Spring Hope

118 W. Railroad Street
Spring Hope, NC 27882
Phone: (252) 478-5186
Fax: (252) 478-7131

For office use only:
Application No. _____
Date Received: _____
Amount Received: _____

Appeal Request Application

Fee: \$200.00

APPLICANT INFORMATION

Name: _____

Mailing Address: _____ Phone Number(s): _____

Property Owner Information (if different from the applicant):

Name(s): _____

Address: _____ Phone Number(s): _____

PROPERTY INFORMATION

Address of site: _____

Property Identification Number: _____

Lot/Block/Section: _____

Zoning District: _____

DECISION BEING APPEALED:

DECISION RENDERED BY: _____

APPLICABLE ZONING ORDINANCE SECTION(S):

EXPLANATION OF APPEAL (ATTACH ADDITIONAL SHEETS, IF NECESSARY)

CERTIFICATION:

In filing this application to the Board of Adjustment, I hereby certify that all of the information presented in the application is accurate to the best of my knowledge, information and belief.

Signature of Applicant(s)

Date

Signature of Applicant (if jointly applying)