



# 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: \$250.00

### 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**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.

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Signature of Applicant(s)

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Date

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Signature of Applicant (if jointly applying)