

Pender County Planning and Community Development

Planning Division

805 S. Walker Street
PO Box 1519
Burgaw, NC 28425



Phone: 910-259-1202
Fax: 910-259-1295
www.pendercountync.gov

APPEAL OF ADMINISTRATIVE DECISION

As specified in N.C.G.S. 153A-345(b), an appeal by any person aggrieved by a final order, interpretation, or decision of the Administrator or other administrator in regard to the provisions of this Ordinance may be taken to the Board of Adjustment.

Application Requirements

- A. An appeal of an administrative decision shall be taken by filing a written notice of appeal specifying the grounds for the appeal with the Administrator and the Board of Adjustment within thirty days after the decision by the Administrator.
- B. An application for appeal of an administrative decision shall be submitted in accordance with Section 3.1.2, Application Requirements.
- C. A notice of appeal of an administrative decision shall be considered filed when a complete application is delivered to the Administrator. The date and time of filing shall be entered on the notice.

Deadline for Submission of Application

An appeal of an administrative decision shall be filed with the Administrator and Board of Adjustment within thirty (30) days of receipt of the decision.

Action by Board of Adjustment

- A. The Board of Adjustment may reverse or affirm (wholly or partly) or may modify the order, requirement, decision, or determination appealed from and shall make any order, requirement, decision or determination that in its opinion ought to be made in the case before it. To this end, the Board of Adjustment shall have all the powers of the officer from whom the appeal is taken.
- B. A motion to reverse, affirm, modify the order, requirement, decision, or determination appealed from shall include, insofar as practicable, a statement of the specific reasons or findings of fact that support the motion.
- C. If a motion to reverse or modify is not made, or fails to receive the affirmative vote of a majority of members present, the appeal shall be denied.
- D. Any motion to overturn a decision shall state the reasons or findings of fact that support the motion.

Appeals from the Board of Adjustment

Appeals to the Superior Court may be taken by any person, firm or corporation aggrieved, or by any office, department, board, of the County affected by any decision of the Board of Adjustment, provided such appeals shall be taken within thirty (30) days after the decision of the Board of Adjustment is filed in the office of the Administrator, or after a written copy thereof is delivered to the applicant, whichever is later. The decision of the Board shall be delivered to the applicant by certified mail

APPLICATION FOR APPEAL OF ADMINISTRATIVE DECISION

THIS SECTION FOR OFFICE USE

Application No.	AAD	Date	
Application Fee	\$	Receipt No.	

SECTION 1: APPLICANT INFORMATION

Applicant's Name:		Owner's Name:	
Applicant's Address:		Owner's Address:	
City, State, & Zip		City, State, & Zip	
Phone Number:		Phone Number:	
PIN(s):		Total Property Acreage:	
Legal Relationship to Owner:		Township:	
		Zoning District:	

SECTION 3: SIGNATURES

Applicant's Signature		Date:	
Owner's Signature		Date:	

NOTICE TO APPLICANT:

1. Applicants must also submit the information described below in the Appeal of Administrative Decision Checklist to include hardcopy **AND** digital versions of all documents at the discretion of planning staff. (No thumb/USB/flash drives, etc. will be accepted)
2. Applicant or agent authorized in writing must attend the public hearing.
3. Once the public hearing has been advertised, the case will be heard unless the applicant withdraws the application or unless the Board of Adjustment agrees to table or delay the hearing.

APPEAL OF ADMINISRATIVE DECISION CHECKLIST

<input type="checkbox"/>	Signed application form
<input type="checkbox"/>	Application fee (check or online payment)
<input type="checkbox"/>	(1) Set of business envelopes addressed to each of the owners of all parcels located within 500 feet of the subject property with first class postage included. (Do not include return address, staff will provide)
<input type="checkbox"/>	<u>Appeal Description:</u> Written description of the Appeal taken forward including all pertinent materials (pictures, permits, etc.)

OFFICE USE ONLY

<input type="checkbox"/>	AAD Fees \$250	Total Fee Calculation \$
Payment Method :		Credit Card: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa
		Check: <input type="checkbox"/> Check # _____
Application received by:		Date:
Application completeness approved by:		Date:
Date scheduled for public hearing:		