Planning Department 401 Laureate Way Kannapolis, NC 28081 704.920.4350



## **Appeal**

So that we may efficiently review your project in a timely manner, it is important that all required documents and fees listed on this form below are submitted with your application. Please either bring this application to the address above or email to bbarcroft@kannapolisnc.gov. The fees may also be paid online with a link provided by staff.

APPEAL REQUEST		
<b>Appeal</b> — Request for Appeal as required by Section 2.5.D(4) of the Kannapolis Develor Approval authority — Board of Adjustment.	opment Ordinance (KDO).	
Property Address:		
Applicant:		
SUBMITTAL CHECKLIST		
Pre-Application Meeting		
Appeal Checklist and Application – Complete with all required signatures		
Fee: \$350.00 (\$300 Application Fee + notification fee [see Fee Schedule])		
PROCESS INFORMATION		
<b>Public Notification:</b> This is a quasi-judicial process that requires a public hearing a mailed notice to adjacent property owners and a sign posted prominently on the		
<b>Review Process:</b> All applications will be reviewed for compliance and then for consideration at a public hearing which is held monthly on the 1 <sup>st</sup> Tuesday. The pre-application meeting, submittal of the application, and payment of feet the public hearing. Please review Section 2.4.D of the KDO.	y at 6:00pm in City Hall Laureate Center.	
<b>Action by Board of Adjustment:</b> After conducting a public hearing, the Board the decision by the Administrator.	of Adjustment may affirm or reverse	
<b>Scope of Approval:</b> Per Section 2.5.D(4)c of the KDO, approval of an Ap the decision or interpretation by the Administrator was in accordance the Ordinance, and accordingly, will affirm or reverse the decision.		
By signing below, I acknowledge that I have reviewed the Submittal Checklist and have included the required submittal items and reviewed them for completeness and accuracy. I also acknowledge that my application will be rejected if incomplete.		
Applicant's Signature:	Date:	

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## APPEAL APPLICATION

Approval authority – Board of Adjustment

Applicant Contact Information	Property Owner Contact Information ☐ same as applicant	
Name:	Name:	
Address:	Address:	
Phone:	Phone:	
Email:	Email:	
Project Information		
Project Address:	Zoning District	
Parcel PIN: Size of property (in acres):		
l,	, hereby appeal to the Board of Adjustment from an adverse ng Administrator.	
The adverse decision/interpretation was	made with respect to property described above.	
I hereby request the following:		
An interpretation of a zoning dis	trict boundary on the official Zoning Map:	
An interpretation of the following	g section(s) of the Kannapolis Development Ordinance:	
	pack of this form, present your interpretation of the Zoning Map/Ordinance asons you have for believing that your interpretation is the correct one.	
I certify that all the information presen information, and belief.	nted by me in this application is accurate to the best of my knowledge,	
Applicant Signature	Date	