EMERALD ISLE
NORTH CAROLINA

Nice Matters!

Emerald Isle
Planning and Inspections
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TOWN OF EMERALD ISLE
BOARD OF ADJUSTMENT
APPEAL APPLICATION

Date: _____ Application Fee: $250.00

Application Request: Appeal of Administrative Decision ____
Interpretation of Zoning Map ____

1. Applicant Name _____
   Mailing Address _____
   City _____ State _____ Zip Code _____
   Telephone _____
2. Property Owner Name (If different that Applicant) _____
   Mailing Address _____
   City _____ State _____ Zip Code _____
   Telephone _____
3. Property (If decision being appealed is specific to a particular property):
   Street Address _____
   Tax Parcel Identification Number _____
   Zoning District Classification _____
   Current Use of Property _____
4. Date of Decision being appealed _____
5. Attach a copy of the administrative order, requirement, decision or determination being appealed.
6. Describe the specific provisions or portions of the decision being appealed.

   _____
   _____
   _____
   _____
   _____
   _____
   _____
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   _____
   _____

7. Specify the grounds of your appeal. Fully explain how the administrative official inaccurately interpreted and/or applied the terms of the zoning ordinance. What do you believe to be the correct answer, and why?

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8. If appeal is property specific list the names and addresses of all adjacent property Owners from the affected property. The list shall be current according to the most recent tax listing abstract as filed in the office of the Carteret County Tax Office.

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9. Are any attachments being submitted with this application? Yes ____ No ____
If yes, please identify attachments and number of pages.

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