



Appeal - Interpretation Review Process

Contact Information

Currituck County
Planning Department
PO Box 70
Currituck, NC 27929

Phone: 252.232.3055
Fax: 252.232.3026
Physical Address: 153 Courthouse Road
Website: <http://www.co.currituck.nc.us/Planning.cfm>

Step 1 Pre-application Meeting

The applicant must schedule a pre-submittal meeting with county staff to discuss the administrator's decision or interpretation of a district boundary line, and process.

Step 2 Application and Evidence Submittal

The applicant must submit a complete application packet on or before the application submittal date. A complete application packet consists of the following:

- Completed Currituck County Appeal or Interpretation Application.
- Application Fee (\$150).

An appeal application must be filed within ten days after the date of the zoning administrator's decision. An appeal application also stays all actions by the code enforcement officer seeking enforcement of or compliance with a decision of the zoning administrator.

Step 3 Administrative Review

The planning staff will review the request and prepare a written report. A copy of the staff report will be provided to the applicant in advance of the Board of Adjustment meeting.

Step 4 Board of Adjustment Meeting

The Planning staff will present the request to the Board of Adjustment. The applicant must attend the Board of Adjustment meeting to present evidence and answer any questions the board or public may have about the request. The Board of Adjustment shall conduct a quasi-judicial hearing that is subject to procedural rules set forth by the courts, including the requirement of a formal evidentiary hearing. All persons who intend to present evidence to the board shall be sworn. With respect to appeals, the board may reverse, affirm, or modify the appeal order. A decision to reverse the zoning administrator's decision will require a four-fifths vote for adoption.



APPEAL - INTERPRETATION Application

| | |
|--------------------|-------|
| OFFICIAL USE ONLY: | |
| Case Number: | _____ |
| Date Filed: | _____ |
| Gate Keeper: | _____ |
| Amount Paid: | _____ |

Contact Information

| | |
|--|-----------------------|
| APPELLANT/APPLICANT: | PROPERTY OWNER: |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Telephone: _____ | Telephone: _____ |
| Fax Number: _____ | Fax Number: _____ |
| E-Mail Address: _____ | E-Mail Address: _____ |
| LEGAL RELATIONSHIP OF APPLICANT TO PROPERTY OWNER: _____ | |

Property Information

Physical Street Address: _____

Location: _____

Parcel Identification Number(s): _____

Request

I, _____, hereby request:

An appeal to the Board of Adjustment from the following adverse decision of an administrator in the Planning Department: _____

An interpretation of the zoning map.

Appellant Statement

State the facts you are prepared to prove to the Board of Adjustment that should lead the board to conclude that the decision of the administrator was erroneous.

I, the undersigned, do certify that all of the information presented in this application is accurate to the best of my knowledge, information, and belief.

Further, I hereby authorize county officials to enter my property for purposes of determining zoning compliance. All information submitted and required as part of this application process shall become public record.

Owner

Date

Appellant/Applicant

Date

Owner Verification

If the person who is requesting the Board of Adjustment to take action on a particular piece of property is not the owner of the property, or under contract to purchase, then the actual owner of the land must complete this section. If the owner is the appellant/application please do not complete this section.

Dear Sir or Madame:

I am the owner of the property located at _____ . I

hereby authorize _____ to appear with my consent before the Board of Adjustment in order to request an appeal or interpretation at the above location. I authorize you to advertise and present this matter in my name as the owner of the property.

If you have any questions, you may contact me at the following at the address, phone number, or email address listed on this application.

Respectfully yours,

Owner

Date

Sworn to and subscribed before me, this the ____ day of _____, 20____.

Notary Public

My commission expires: _____

Hearing Dates and Procedure for Continued Requests

Appeal - Interpretation

Hearing Dates and Procedure for Continued Requests

Request: _____

Application Submittal Date: _____

Board of Adjustment Meeting Date: _____

Procedure for Delayed Request

Please initial each statement.

___ If you wish to continue your request to a later date, you must appear before the appropriate committee/board on the scheduled meeting date, state the reason for continuance, and the meeting date you wish the request to be heard.

___ There is a \$100 processing fee for each delayed request. This must be paid prior the delayed meeting date.

___ If you wish to delay your request at a Board of Adjustment meeting, you are responsible for re-advertising your request in a newspaper of general circulation in Currituck County for the approved date. The notice shall include the date, time, place, and nature of the application and shall be advertised at least 10 days, but not more than 25 days, prior to the hearing. You must provide the Planning Department with a copy of the newspaper in which that advertisement occurred and an affidavit of publication provided by the newspaper listing the advertisement and advertisement date(s) prior to the Board of Adjustment meeting.

___ A request may only be continued by an applicant a total of two times during the entire review process. If the request is not acted upon by the appropriate committee/board at the second delayed meeting date because of the applicant's request for continuance, the application will be voided and returned to the applicant. A new submittal, including submittal fees, will be required to place the item on an agenda. The request will process as a new submittal as if it has not been reviewed by any committees/boards. *Note: In the event of an emergency, the administrator may process the continuance without it being counted toward the maximum number of two continuances allowed.*

I, _____, acknowledge the meeting dates listed above and that I or my authorized representative must be present at each meeting. If I wish to continue my request, I must follow the procedures listed above.

Property Owner/Authorized Agent

Staff will use the following checklist to determine the completeness of your application. Only complete applications will be accepted.

Appeal - Interpretation Submittal Checklist

Date Received: _____

Project Name: _____

Applicant/Property Owner: _____

Applications

- ___ Complete Appeal - Interpretation application
- ___ Hearing Dates and Procedure for Continued Requests form
- ___ Evidence
- ___ Number of Copies Submitted
 - 10 Hard copies of ALL documents
 - 1 PDF digital copy (ex. Compact Disk – e-mail not acceptable) of all plans AND documents

Fee

- ___ Application fee (\$150)

File

- ___ Add new case number

Pre-application Meeting

- ___ Pre-application Meeting was held on _____ and the following people were present: _____

Comments
