

NOTICE OF APPEAL APPLICATION FORM

Town of Laurel Park • 441 White Pine Drive • Laurel Park, NC 28739 • P. 828-693-4840 • F. 828-696-4948

APPLICATION PAGE 1 OF 3

APPLICATION LAST UPDATED: 11.4.2021



1. THINGS TO KNOW ABOUT THE APPEAL PROCEDURE

1. The appeal review procedure is described in Section 6.3.3 of the Laurel Park United Development Ordinance.
2. An application for an appeal is referred to as a "Notice of Appeal."
3. Appeals must be filed within 30 days of the date the decision being appealed was filed in the Town offices or the date the notice of decision was received, whichever is later.
4. Only a person with standing is entitled to file an application for an appeal.
5. An appeal shall stay all proceedings (including the accrual of fines) by the Town in furthering the decision being appealed, except in cases where a stay would cause imminent peril to life or property.
6. Appeals of Town Council or Board of Adjustment decisions are made to the Superior Court for Henderson County.
7. Appeals of decisions on building permit applications are heard by the North Carolina Commissioner of Insurance.
8. Appeals of jurisdictional riparian buffer determinations are made to the North Carolina Department of Water Quality.

2. GENERAL APPLICANT INFORMATION

A. Parcel Information

1. Street Address:
2. Parcel Identification Number:
3. Lot Area/Acreage:
4. Base Zoning District Classification:
5. Overlay Zoning District(s) (if applicable):

B. Primary Point of Contact Information

1. Primary Point of Contact Name:
2. Mailing Address:
3. Phone:
4. Email:

3. DESCRIPTION OF REQUEST

(Please complete the following)

1. Please list the date that the decision or interpretation being appealed was filed in the Town offices or the date you received notice of the decision. Please attach a copy of the notice of decision being appealed.

Attach additional sheets as necessary

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APPLICATION PAGE 2 OF 3

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2. Please identify the decision or interpretation you are appealing. Also identify the error made by the Town official, along with whatever other information you believe supports your opinion:

Attach additional sheets if necessary.

4. SUBMITTAL CHECKLIST

(Please ensure your application includes 3 paper copies and 1 digital (pdf) copy of all of the following)

- | | |
|--|--------------------------|
| 1. Appeal application form | <input type="checkbox"/> |
| 2. Application fee | <input type="checkbox"/> |
| 3. Any additional information determined to be necessary by the Town | <input type="checkbox"/> |

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APPLICATION PAGE 3 OF 3

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5. APPLICANT SIGNATURE

I certify that the information provided in these application materials is complete and accurate to the best of my knowledge. I hereby authorize Town officials to enter the subject property for the purposes of determining compliance.

If there are multiple land owners or applicants, a signature is required for each.

Land Owner or Authorized Signature: _____

Date: _____

Land Owner or Authorized Signature: _____

Date: _____

Land Owner or Authorized Signature: _____

Date: _____

OFFICE USE ONLY

Project #:

Associated Project #:

Received By:

Filing Date:

Accepted as Complete By:

Complete Date:

Decision:

Decision By:

Decision Date:

Pre-application Conference Date (if conducted):

Notes/Comments: