



Administrative Decision Appeal Application

Planning and Inspections Department
308 E. Stadium Dr., Eden, NC 27288
Phone: 336-623-2110 x2 / Fax: 336-623-4057
www.edennc.us

CONTACT INFORMATION

Contact Name _____
Contact Address _____
City _____ State _____ Zip _____
Phone Number _____ Email _____

PROPERTY OWNER INFORMATION

Property Owner Name _____
Property Owner Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

GENERAL INFORMATION

Project Address / Location: _____

Zoning District: _____ Size of Property (in acres): _____

Rockingham Co. Tax PIN #: _____

City Jurisdiction: _____ City Limits _____ ETJ _____

Applicable section(s) of Eden Unified Development Ordinance: _____

Decision made by Administrator (you are wishing to appeal): _____

Grounds for this appeal (why you are aggrieved): _____

PROCESS & FILING INFORMATION

Submission Requirements: Per Article 3 of the Eden Unified Development Ordinance (UDO), parties aggrieved by any order, requirement, decision or determination, made by the Administrator while enforcing the provisions of the UDO may be appealed per G.S. §160D-405.

Filing Process: An appeal of an administrative decision may be taken by any person aggrieved (or by their authorized agent), or by the Administrator, to the Board of Adjustment. Such an appeal shall be made within 30 days of the receipt by such aggrieved party of the written notice of decision from the Administrator with the City Clerk.

Required Application Information: Relevant information as may reasonably allow the Board of Adjustment to understand the basis for the appeal along with the complete application shall be provided. The Administrator shall similarly prepare a report detailing the regulations and interpretation behind the matter being appealed and their reason for their decision.

Action by Board of Adjustment: After conducting the public hearing, the Board of Adjustment shall adopt an order reversing or affirming, wholly or in part, or modifying the order requirements, decision or determination in question.

APPELLANT SIGNATURE

I hereby certify that, to the best of my knowledge, the information on this application is true and accurate, and I hereby request the Board of Adjustment to hear and decide this appeal.

Appellant Signature _____ Date _____

Office Use Only

Staff Member (Initial upon Receipt) _____ Date _____