CITYOF WILSON

APPLICATION FOR
AN APPEAL OF THE ZONING ADMINISTRATOR'S DECISION
OR
AN INTERPRETATION OF THE ZONING ORDINANCE OR MAP

FILING FEE: $200.00

APPLICANT/AGENT INFORMATION:

Name _____

Address _____

Phone _____

ACTION REQUESTED: _____APPEAL or _____ INTERPRETATION

DESCRIBE WHAT THE ZONING ADMINISTRATOR DID OR INTERPRETED (in your own words…if you know what sections of the ordinance he used, list them):

_____

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IF THE ACTION INVOLVED A PARTICULAR PIECE OF PROPERTY, PROVIDE THE FOLLOWING INFORMATION

Address _____

Property Identification Number (PIN) _____

Other Description _____

Zoning District _____

DESCRIBE WHAT YOU THINK WAS WRONG WITH WHAT THE ZONING ADMINISTRATOR DID OR INTERPRETED, OR WHAT YOU THINK HE/SHE SHOULD HAVE DONE (in your own words…use additional pages if necessary…attach supporting evidence if you have any):

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_____
Applicant

_____
Date