



Rowan County Department of
Planning & Development
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Case # ZBA

Date Filed _____

Received By _____

Amount Paid _____

Office Use Only

===== **APPEAL APPLICATION** =====

APPLICANT INFORMATION:

Name: _____

Signature: _____

Phone: _____ Email: _____

Address: _____

AGENT INFORMATION:

Name: _____

Signature: _____

Phone: _____ Email: _____

Address: _____

Date filed within thirty (30) days of the Notice of Violation to cease alleged illegal activity?

Yes No N/A

===== **TO THE ROWAN COUNTY ZONING BOARD OF ADJUSTMENT:** =====

I _____, hereby appeal to the Zoning Board of
Adjustment to reverse the decision of the Administrator as stated in:

(Attach copies of Notice of Violation, or state decision being appealed)

STATE WHAT FACTS OR EVIDENCE YOU ARE PREPARED TO PROVE TO THE ZONING BOARD OF ADJUSTMENT THAT SHOULD LEAD THE BOARD TO CONCLUDE THAT THE DECISION OF THE ADMINISTRATOR IS ERRONEOUS:

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

Signature

Date

OFFICIAL USE ONLY

1. Signature of Coordinator: _____ 2. Notifications Mailed: ___/___/___
3. Property Posted ___/___/___ 4. ZBA Meeting: ___/___/___ 5. Action: Approved _____
Denied _____ 6. Applicant Notified: ___/___/___ 7. CMO Notified: ___/___/___