



# APPEAL /ADMINISTRATIVE REVIEW APPLICATION

Town of Elon Planning Department  
104 S. Williamson Avenue  
Elon, NC 27244  
(336)584-3601

\$300.00

Fee

Date Received

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

## APPEAL INFORMATION

Date of Zoning Administrator's Decision: \_\_\_\_\_

Ordinance Being Appealed: \_\_\_\_\_ Section: \_\_\_\_\_

Summary of Decision (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Appeal of Decision (attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SIGNATURES AND ACKNOWLEDGEMENT

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

## OFFICE USE ONLY

Completed Application Submitted On: \_\_\_\_\_ Received By: \_\_\_\_\_

Date of Board of Adjustment Hearing: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Action of Board of Adjustment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Public Hearing Notice Filed: \_\_\_\_\_

*Name of Newspaper*

Dates Notice Published: \_\_\_\_\_