

# Town of McAdenville Board of Adjustment Application

Town Hall 163 Main Street  
PO Box 9 McAdenville, NC 28101  
Phone: 704-824-3190  
Web Address: [www.townofmcadenville.org](http://www.townofmcadenville.org)

## Zoning Appeal

Please fill out form completely.

Property Address/Location: \_\_\_\_\_

Parcel # (6 digits): \_\_\_\_\_ Zoning: \_\_\_\_\_

Use of Property: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
(Business Name or Applicant if other than Property Owner)

Applicant Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, hereby appeal to the Board of Adjustment from the following adverse decision of the Town of McAdenville:

Date of the decision: \_\_\_\_\_ Who issued the decision: \_\_\_\_\_

Briefly describe what the decision prevents you from doing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*YOU MAY INCLUDE A LETTER AND OTHER DOCUMENTATION TO FURTHER EXPLAIN YOUR APPEAL REQUEST TO THE BOARD OF ADJUSTMENT.*

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

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FEE: \_\_\_\_\_ PAID: \_\_\_\_\_