



**APPEAL - INTERPRETATION APPLICATION  
PITT COUNTY, NORTH CAROLINA**

1717 W. 5<sup>th</sup> Street  
Greenville, NC 27834-1696  
Phone: (252) 830-6319  
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**Staff Use Only**  
Appl. #: \_\_\_\_\_

**APPLICANT INFORMATION**

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**APPEAL INFORMATION**

REFERENCE PERMIT NUMBER OR APPLICATION NUMBER IN WHICH ZONING ADMINISTRATOR'S DECISION WAS BASED: \_\_\_\_\_

SUBDIVISION ADMINISTRATOR'S DECISION/INTERPRETATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S INTERPRETATION/REASONS FOR APPEAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ZONING MAP INTERPRETATION**

PROPERTY LOCATION: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PARCEL NUMBER: \_\_\_\_\_

REASONS FOR ZONING MAP INTERPRETATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An appeal must be taken within thirty (30) days after the date of the decision or order appealed from. Application must be completed in full and returned to the Pitt County Planning Department prior to the Board of Adjustment's review and consideration of the appeal or interpretation. No application will be considered until all required information is submitted. The undersigned states that all information given herein is true.

**APPEAL-INTERPRETATION REQUEST**

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

DATE: \_\_\_\_\_

BOARD OF ADJUSTMENT DECISION: APPROVED

MEETING DATE: \_\_\_\_\_

DENIED

ZONING OFFICER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CONDITIONS/COMMENTS: \_\_\_\_\_

\_\_\_\_\_