



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

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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: _____
