

**APPEAL FROM AN
ACTION OF THE ZONING
ADMINISTRATOR
AND/OR PETITION FOR
AN INTERPRETATION OF
THE ZONING
ORDINANCE**

**Fee: \$200.00 (Refunded if
Granted)**

City of New Bern



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Applicant: _____ Applicant: _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____
Fax: _____ Fax: _____
Email: _____ Email: _____

Legal relationship of applicant to property: _____

Purpose of application: _____

Property location: _____

Tax map _____ Block _____ Lot _____

Lot size _____ Total square feet _____ Zoning District _____

No. of buildings existing _____ Gross floor area existing _____

No. of buildings proposed _____ Gross floor area of proposed buildings _____

Total square footage of land to be disturbed: _____

Estimated cost of project \$ _____

- **List all required site plans, specifications and documents included as exhibits to this application.**
- **Thirteen (13) copies of the site plan must be submitted with application.**
- **Submit the names and addresses of all property owners within 100' of the subject property (listing needs to be obtained from Craven County Mapping Office) along with stamped envelopes addressed to the property owners.**

Signature Date

Applications to be considered must be submitted 21 days prior to the Board of Adjustment meetings, which are held on the last Monday of each month.

_____Month _____Day _____Year

TO THE CITY OF NEW BERN BOARD OF ADJUSTMENT

I, _____ hereby appeal to the Board of Adjustment from the following adverse decision of the Zoning Administrator and/or Chief Building Inspector of the Planning & Inspections Department. (Please circle the Zoning Administrator and/or Chief Building Inspector):

- 1)
- 2)
- 3)

This adverse decision was made with respect to property described in the attached General Application Form.

I, _____ hereby request an interpretation of:

- () the Zoning Map
- () the following section(s) of the text of the Ordinance:

insofar as the map and/or the ordinance relate to the use of the property described in the attached General Application Form.

STATEMENT BY APPELLANT: (In the space provided below, or on the back of this form, present your interpretation of the ordinance provisions in question and state what reasons you have for believing that your interpretation is the correct one.) _____

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

Signature of Applicant

Date received: _____