

**APPEAL FROM AN  
ACTION OF THE ZONING  
ADMINISTRATOR  
AND/OR PETITION FOR  
AN INTERPRETATION OF  
THE ZONING  
ORDINANCE  
Fee: \$250.00 (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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Planning & Inspections Department  
 Zoning Administrator and/or  
 Chief Building Inspector (Please check all that apply)

- 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: \_\_\_\_\_