NOTICE OF APPEAL TO THE CLEVELAND COUNTY BOARD OF ADJUSTMENT

APPEAL FROM AN ACTION OF THE ADMINISTRATOR AND/OR PETITION FOR AN INTERPRETATION OF THE CODE OF ORDINANCES

Name of Applicant:		Case #:
		Permit App. #
		App. Date:
Phone #: (Home)	(Business)	Fee: \$200.00 Paid on:
TO THE CLEVELAND COUN	TY BOARD OF ADJUSTMENT:	
I/We hereby appeal to the Cleveland County Code of On	Board Of Adjustment from the fol linances:	lowing adverse decision of the Administrator of the
This adverse decision was ma	de with respect to the property locate	ed at
(Address)	· · · · · · · · · · · · · · · · · · ·	
Parcel #	in	Zoning District.
Title to this property is in the n	ame of:	
Name		
Mailing Address		
City / State / Zip Code	**********	
I/We, the undersigned, hereby	· ·	
the Zoning Ma	ap section(s) of the text of the Develops	ment Ordinance
insofar as the map and/or the	ordinance relates to the use of the p	roperty located as stated above.
	NT: (On the back of this form, preser ave for believing that your interpreta	nt your interpretation of the codes provisions in question tion is the correct one.)