

Notice of Request to Board of Adjustment for Variance



Street address of property:		
Parcel Identification Number (PIN):		
Property Owner(s):		
Appellant Name:		Daytime Telephone:
Mailing Address:	City, State:	Zip Code:
Appellant Email Address:		
Lot Dimensions: Width _____ Length _____ Total Area in Sq.Ft. _____		
Nature of Request: _____ _____ _____ _____		

A fee of \$250.00 must be submitted with this application to the Department of Development Services so your request may be placed on the agenda

One (1) copy of the sketch plan drawn to scale on an 8.5" x 11" sheet is required to be submitted with the application.

**NOTICE OF RIGHT TO HAVE MATERIALS FORWARDED TO MEMBERS
OF ROCKY MOUNT BOARD OF ADJUSTMENT**

Prior to each meeting of the Board of Adjustment, materials pertaining to each appeal request for a variance from the zoning ordinance, request for a special use permit, request for interpretation, and all other matters scheduled for hearing are forwarded to individual members of the Board of Adjustment for their review. If you are scheduled to appear before the Board, you are entitled to have forwarded to Members of the Board any written materials pertaining to your case, which can be duplicated and forwarded by U.S. Mail. To have your materials included in the packet of information, you must deliver the materials to the Department of Development Services at the same time the application is submitted. Materials must be reproduced on 8.5x11 sheets, except for surveys and maps.

You are reminded that you are not entitled to contact any Board of Adjustment Member in any attempt to discuss your case prior to the Board's scheduled meeting. If your written materials are not received by the date and time prior to the hearing, you will be deemed to have waived your right to have written materials of your choosing forwarded to Board Members.

I understand that all requests must be submitted *twenty-one (21) working days prior to the meeting date* of the Board of Adjustment (meetings are held the first Tuesday of each month). An incomplete application cannot be accepted.

Applicant Signature: _____ Date: _____

(Do not write below this line. For office use only.)

Application Number: _____	Date Received: _____	Staff Initials: _____
Fee of \$ _____ paid on _____ Staff Initials _____		

Revised 12/19