

**TOWN OF WEDDINGTON  
APPEAL APPLICATION**

APPLICATION NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

APPLICANT'S MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPLICANTS PHONE NUMBER \_\_\_\_\_

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Applicants seeking an appeal of a decision made by the Zoning Administrator shall complete the following information. Use additional space on a separate piece of paper, if necessary.

DATE OF ZONING ADMINISTRATOR'S DECISION \_\_\_\_\_

SUMMARY OF ZONING ADMINISTRATOR'S DECISION

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REASON FOR APPEAL OF DECISION

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An application for an appeal must be submitted within ten (10) days of the written decision made by the Zoning Administrator. A fee (in cash or check made payable to the Town of Weddington) of Two Hundred Dollars (\$200.00) shall accompany all applications in order for the application to be considered complete. The Weddington Board of Adjustments shall hear a complete application within forty (40) days from the date of submission.

**NOTE: Once a public hearing has been held, if you are dissatisfied with the decision of the Board of Adjustment, and appeal may be taken to the Superior Court of Union County. See Article VIII, Section 58-236(e) of the Weddington Code of Ordinances.**

CERTIFICATIONS

A. I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED FOR  
IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE,  
ACCURATE AND COMPLETE.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

B. TO THE BEST OF MY KNOWLEDGE, THIS APPLICATION IS ACCEPTED  
AND DEEMED COMPLETE.

\_\_\_\_\_  
ZONING ADMINISTRATOR

\_\_\_\_\_  
DATE

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(This Information Is To Be Filled Out By The Zoning Administrator)

1. PUBLIC HEARING DATE: \_\_\_\_\_

2. NOTICE TO APPLICANT MAILED ON: \_\_\_\_\_  
(Certification Attached)

3. ACTION TAKEN BY BOARD OF ADJUSTMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. DATE DECISION OF BOARD OF ADJUSTMENTS FILED: \_\_\_\_\_

\_\_\_\_\_