



TOWN OF PEMBROKE APPEAL APPLICATION

Background: In the event the situation arises that the Administrator of the Town of Pembroke UDO makes a decision regarding its interpretation or enforcement, any person with Standing as defined by the Town of Pembroke UDO may appeal the decision made by the Administrator. Appeals are made to the Board of Adjustment. Appeals must be made within 30 days of a written notice of determination from the Administrator of the Town of Pembroke UDO. Other persons with standing shall have 30 days from the receipt of any source of constructive notice of the determination that was made. In the absence of evidence to the contrary, the notice shall be deemed received on the third business day following its deposit with the United States Postal Service. The applicant has the burden of proof and presentation of evidence that disputes the Administrator's interpretation in an Appeal.

Application Requirements:

- Submission: Applications must be submitted within 30 days of the official notice of determination from the Administrator. This application must be submitted to the Town Clerk.
- Written Description: A narrative of why the applicant disagrees with the interpretation of the Administrator and what they believe should have been the correct interpretation and application of the Town of Pembroke UDO. Must include supporting documentation and evidence to support this narrative.
- Site Plan/Documents: Copies of any site plans or documents that were reviewed by the Administrator when the initial decision was made.

**Appeal Application**

Date Received: _____

Application #: _____

PROPERTY OWNER INFORMATION:

Property Owner: _____

Address: _____

Phone: _____

Email: _____

APPLICANT INFORMATION:

Applicant (if different from owner): _____

Address: _____

Phone: _____

Email: _____

PROPERTY INFORMATION:

Tax Parcel #: _____ Acres: _____

Property Address: _____

Current Zoning District: _____

NATURE OF APPEAL:

Decision by Administrator: _____

Date Decision Made: _____

Section of UDO Cited by Administrator: _____

Applicant's Reason for Appeal: _____

**Appeal Application**

Date Received: _____

Application #: _____

APPLICATION SUBMITTAL SIGNATURES:

I hereby consent to the contents of this application and acknowledge the responses contained herein are correct to the best of my knowledge. I authorize Town representatives to display notice of this request for my property and to have access to the property during reasonable hours.

Person Representing Application:Signature of Property Owner(s):

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

TO BE COMPLETED BY TOWN OF PEMBROKE:

Date this application will be heard by the Board of Adjustment: _____

Public Hearing Notification Dates:

Date Notice Mailed: _____

Date Property Posted with Required Signage: _____

Town of Pembroke Staff Signature: _____

(Staff member who accepted and reviewed this application and deemed it to be complete)