

**APPEAL APPLICATION**

Town of Pembroke  
100 S Union Chapel Road, PO Box 866, Pembroke, NC 28372  
Phone: (910) 521-9758 Fax: (910) 521-0472



**Part I**

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Property Owner's Phone Number \_\_\_\_\_

**Part II**

Property Location \_\_\_\_\_

PIN # \_\_\_\_\_

Parcel Reference # \_\_\_\_\_

**Part III**

Date of Zoning Administrator's decision: \_\_\_\_\_

Summary of Zoning Administrator's decision: \_\_\_\_\_

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

Briefly describe your reasons for seeking an appeal of decision: \_\_\_\_\_

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

**APPLICATION FEE MUST BE RECEIVED BEFORE PROCESSING AN APPEAL REQUEST**

*I hereby certify that all of the information provided for this application and attachments is true and correct to the best of my knowledge.*

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date