



**GUILFORD COUNTY  
PLANNING AND DEVELOPMENT**

**Board of Adjustment  
Application Cover Sheet**

Case Number \_\_\_\_\_ Date Filed \_\_\_\_\_

Address of Appeal \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Plat/Deed Book: \_\_\_\_\_ Page #: \_\_\_\_\_ Township \_\_\_\_\_ Zoning: \_\_\_\_\_

Tax Map # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Block # \_\_\_\_\_ -- \_\_\_\_\_ Parcel # \_\_\_\_\_

Type of Appeal:       Variance                       Interpretation (Appropriate Forms Attached)

**Name and Address of Property Owner:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Name and Address of Applicant (if same, leave blank):**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Fee Paid:** Receipt Number \_\_\_\_\_ Date \_\_\_\_\_ **\$100.00 Fee**     Yes     No

If title to the above mentioned property is not in the name of the applicant and the appeal is on behalf of such property, attach a notarized letter from the owner signifying their approval.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**Board of Adjustment Checklist**

The following is a list of materials and information which you must supply this office by 12:00 noon on \_\_\_\_\_ in order to have your case presented at the Board of Adjustment meeting to be held at 6:00 pm \_\_\_\_\_ in the **Commissioner's Blue Room** in the Old County Courthouse. Failure to comply with all of the following may result in the case being delayed.

1. Completed appeal forms.
2. Site/Plot Plan (drawn to scale) showing the property as it exists and with any proposed additions, structures, buildings, driveways, well, septic system, and abutting streets.
3. Copies of County Tax and Zoning Maps showing the property and adjoining parcels (available in Tax Mapping).
4. Written statement outlining the request and any information you wish to present to the Board for their consideration (optional).
5. Provide a minimum of 4, maximum of 6 photographs showing the area affected by your appeal. Graphics or architectural sketches may be used to fill this requirement.
6. If applicable, approval from the Guilford County Environmental Health Department (641-7613).

*Note: If this appeal concerns the issuance of a Certificate of Appropriateness, complete records are required.*



GUILFORD COUNTY  
PLANNING & DEVELOPMENT

GUILFORD COUNTY  
BOARD OF ADJUSTMENT  
INTERPRETATION FORM

CASE NUMBER \_\_\_\_\_

TYPE OF INTERPRETATION/DECISION

CITE SECTION NUMBER

- |                          |                                       |       |
|--------------------------|---------------------------------------|-------|
| <input type="checkbox"/> | Interpretation of Enforcement Officer | _____ |
| <input type="checkbox"/> | Decision of Enforcement Officer       | _____ |
| <input type="checkbox"/> | Boundary Lines                        | _____ |
| <input type="checkbox"/> | Nonconforming Use Continuance         | _____ |
| <input type="checkbox"/> | Address Assignment                    | _____ |
| <input type="checkbox"/> | Historic Presentation Commission      | _____ |
| <input type="checkbox"/> | (Certificate of Appropriateness)      | _____ |

I, \_\_\_\_\_, hereby appeal to the Guilford County Board of Adjustment from the following interpretation of the Enforcement Officer of Guilford County:

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

**Statement of Applicant:**

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

SIGNATURE OF APPLICANT

DATE