



**GUILFORD COUNTY
PLANNING AND DEVELOPMENT**

Town of Stokesdale
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

Note: Fee must be paid to the Town of Stokesdale.

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 7:30 pm _____ in the **Stokesdale Town Hall** at 8416 US 158, Stokesdale, NC. 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

TOWN OF STOKESDALE
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 Town of Stokesdale Board of Adjustment from the following interpretation of the Enforcement Officer of Guilford County:

Statement of Applicant:

SIGNATURE OF APPLICANT

DATE