

SAMPSON COUNTY  
**BOARD OF ADJUSTMENT APPEAL**  
CLINTON-SAMPSON PLANNING DEPARTMENT



The Sampson County Planning Board meets on the 3<sup>rd</sup> Monday of each month. Completed applications must be received by the 25<sup>th</sup> day of the month prior to when the appeal is to be heard. For example, to be heard at the February Planning Board meeting, a completed application must be received by January 25<sup>th</sup>. Applications submitted after the deadline will be heard at the next regularly scheduled meeting. A \$200 non-refundable application fee is due at the time of application submittal, applications will not be accepted without payment.

**A. APPLICANT/OWNER INFORMATION**

**Applicant Contact Information:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Owner Contact Information (if different from applicant):**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**B. PROPERTY INFORMATION**

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Deed Book: \_\_\_\_\_

Page: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Lot Size: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

**C. SIGNATURES**

I, \_\_\_\_\_, the undersigned applicant, do hereby certify that to the best of my knowledge and belief all information supplied in and with this application is true and accurate. I further give Planning Staff permission to inspect my property for the gathering of information related to this appeal. I also understand that the \$200 application fee is non-refundable, whether the appeal is granted or denied.

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

Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only

Accepted By: \_\_\_\_\_

Case Number: \_\_\_\_\_

Date: \_\_\_\_\_