



Town of Franklin

Post Office Box 1479
Franklin, North Carolina 28744
(828) 524-2516

APPLICATION FOR APPEAL

Date: _____

APPLICANT: (Person to contact)

PROPERTY OWNER: (If different)

Name(s) _____

Name(s) _____

Address: _____

Address: _____

Tel. _____

Tel. _____

Other Tel. /FAX _____

Other Tel. /FAX _____

Email: _____

Owner Signature: _____

Any person aggrieved by such decision may appeal any decision of the Land Use Administrator to the Town of Franklin Board of Adjustment. The appeal shall be taken within ten (10) days after the rendition of the decision as provided by the rules of the board by filing with the officer from whom the appeal is taken. An appeal stays all proceedings in furtherance of the action appealed.

PROPERTY DESCRIPTION:

Property location: _____

Macon County Parcel Identification Number (Tax ID) _____

Zoning District _____

Request an interpretation of () the Zoning Map
() the following section(s) of the Zoning Code: _____

DESCRIPTION:

Please describe the Land Use Administrator's decision that is being appealed. Please note decision

