

ENVIRONMENTAL HEALTH DIVISION

Telephone 919-560-7800 Fax 919-560-7830

Application for Appeal of Improvement Permit Conditions
(Appeals Fee of \$100.00 Due at Time of Submission)

Applicant Name _____ Phone Number _____

Mailing Address _____ Zip Code _____

Owner Name _____ Phone Number _____

Property Address _____

Subdivision _____ Phase/Section _____ Lot No. _____

Property Location _____

Tax Map# _____ - _____ - _____ Parcel ID# _____ PIN# _____ - _____ - _____ - _____

Lot Dimensions/Number of Acres _____



Date of Permit Issue: _____ Permit Issued by: _____

Permit Condition(s) to be Appealed: _____

Attach Copy of Current Valid Improvements Permit with Proposed Change(s) Drawn to Scale on Site Map (where applicable)

NOTE: Proposed Changes in Building Location(s) must be clearly marked on site at time of Appeals Site Visit by Env. Health Specialist.

Date: _____ Signature: _____