



Town of Aberdeen Planning & Inspections Department

Office: (910) 944-7024



APPEAL - APPLICATION

ALL sections of this application *MUST* be filled out, or will be deemed incomplete and rejected by the Planning & Inspections Department.

APPLICATION DATE : ___/___/___ **LOCATION / ADDRESS :** _____

PROPERTY OWNER : _____

Phone Number : _____ Email Address : _____

APPLICANT : _____

Phone Number : _____ Email Address : _____

Status of Applicant : Property Owner Tenant Legal Representative Other : _____

PERMIT INFORMATION : Associated Permit : _____ Permit Decision Date : _____

DECISION TO APPEAL (*statement of the Town's error or improper decision or determination*) : _____

GROUND FOR APPEAL : _____

ACKNOWLEDGEMENT : I hereby certify that all information in this application is correct and all work will comply with the State Building Code and other applicable State and local laws, ordinances and regulations. The Planning & Inspections Department will be notified of any changes in the approved plans and specifications for the project permitted herein. I understand if this application is incomplete, a permit will not be issued and no inspections will be performed on the project. By signing below I attest that I have obtained all property owners permission and subcontractors permission to obtain these permits.

APPLICANT NAME : _____ DATE : ___/___/___

APPLICANT SIGNATURE : _____

OWNER NAME : _____ DATE : ___/___/___

OWNER SIGNATURE : _____