

TOWN OF HOLLY SPRINGS ADMINISTRATIVE APPEAL PACKET

DPM Appendix #A.15
Supplement #14
April 2018



General Information

A Concept Plan Review Meeting must be held a minimum of five (5) business days prior the Petition Submittal. Please email hsplanning@hollyspringsnc.us to schedule a Concept Meeting. For more information, contact the Department of Planning & Zoning at (919) 557-3908.

All appeals must be submitted within 30 days of the decision or action being appealed.

The full review procedures for Administrative Appeal can be found in the *Town of Holly Springs Development Procedures Manual*.

FOR MORE INFORMATION:

Current Fee Schedule: www.hollyspringsnc.us/planning

Review Process: Town of Holly Springs Development Procedures Manual (DPM) - Section 7.01

Review Calendar: See Town of Holly Springs Development Procedures Manual (DPM) Appendix 1.

The DPM is available for purchase in the Department of Planning & Zoning or on-line at:
www.hollyspringsnc.us/planning

Submittal Requirements

All information required as part of your petition must be provided in both hardcopy original and in PDF format to the FTP website. (i.e. transmittal, applications, maps, special studies, etc.) with each review. Please submit PDF as 1 file containing the complete submittal and name the file with the project name and date.

Link to FTP website: <http://www.hollyspringsnc.us/PlanningFTP>

Only complete submittals will be processed. The following items must be submitted with the Petition for Administrative Appeal to be deemed a complete submittal:

- Petition Form
- Property survey/legal description (required only if request does not include the entire tax parcel) in both hard copy and digital (Word) format. Note: All legal descriptions are to contain references to inorganic monuments, and that all starting references on surveys or legal descriptions describe a course and distance from either the closest NCGS monument or Town of Holly Springs monument, regardless of the distance thereto.
- Detailed Statement of Request for Appeal
- Site Plans, photos or other documentation to provide evidence regarding the justification for the Appeal- 7 copies – plans should not be larger than 11" X 17" and folded to 8 ½ " X 11" max.



Town of Holly Springs

128 S. Main Street
P.O. Box 8
Holly Springs, NC 27540
www.hollyspringsnc.us

Department of Planning & Zoning

919.557.3908

www.hollyspringsnc.us/planning

Department of Engineering

919.557.3938

www.hollyspringsnc.us/engineering

Department of Parks & Recreation

919.557.3930

www.hollyspringsnc.us/parks

ADMINISTRATIVE APPEAL PETITION



The current Filing Fees can be found on-line in the Town of Holly Springs Fee Schedule:
<http://www.hollyspringsnc.us/planning>

Project Information:

Project Name: _____

Project Location: _____

Use street address. If none, use the closest intersection

Within Corporate Limits Within Holly Springs ETJ Pending Annexation

PIN: _____ Real Estate ID: _____

Project Acreage: _____ Partial Parcel: No Yes

Current Zoning _____

Concept Meeting Date: _____

If the Concept Meeting Date is not within 8 weeks of the submittal date, another Concept Meeting is required prior to submittal.

Project # of petition/permit being appealed (if applicable) _____

For DPZ Use only
Project # _____
Fees Paid: \$ _____
Date Received: _____
<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Final

Petition Contact Information:

Appellant

Name _____ Company _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # (____) _____ E-Mail _____

How would you like to receive staff review comments? E-Mail US Mail

How would you like to receive Official Action Notices? E-Mail US Mail- Certified

Administrative Appeal Request

I, _____ hereby Appeal to the Board of Adjustment from the following decision of the Director of the Department of Planning and Zoning for the Town of Holly Springs:

(If this space is not sufficient please add and indicate attachments to this application.)

Statement by Appellant

I, _____ have Attached to this Administrative Appeal form my interpretation of what actions, decisions or interpretations of the UDO section(s) are in question. I also state my reasons, interpretations, justifications for believing that the actions, decisions, or interpretations made by the Director of the Department of Planning and Zoning are not correct and should be appealed.

I certify that all information presented in this application is accurate to the best of my knowledge and belief. I understand that incomplete, inaccurate or illegible petitions will not be processed. Further, I grant permission for members of the Board of Adjustment and Town staff to visit the site in question for informational, advertisement, and inspection needs. I further understand that the application fee is non-refundable.

Signature of Appellant: _____ Date: _____