



# ADMINISTRATOR APPEAL PACKET

DPM Appendix #A.15 Supplement 20 March 2023

## General Information

Use this petition to appeal an administrative decision.

Contact a Planner by calling 919-557-3908 to discuss your appeal before moving forward with submitting this application.

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

The full review procedures for Appeal of an Administrator Decision can be found in the Town of Holly Springs [Unified Development Procedures Manual Ordinance \(UDO\) Chapter 11](#).

Visit [www.hollyspringsnc.us/2170/Development-Services](http://www.hollyspringsnc.us/2170/Development-Services) for a current fee schedule and review calendar for the Board of Adjustment.

## Submittal Requirements

All items listed are required for a complete submittal. Incomplete submittals will be rejected and delay the process.

Submit the following items via the [Portal](#) . All applications submitted by NOON on Friday will be routed the following week for review:

- Petition
- Survey/Legal Description (required only if request does not include the entire tax parcel)  
*Note: All legal descriptions are to contain references to inorganic monuments, and all references on surveys or legal descriptions describe a course and distance from either the closes NCGS monument or Town of Holly Springs monument, regardless of the distance thereto.*
- Detailed Statement of Request for Appeal
- Site plan, photos or other documentation to provide evidence regarding the justification for the Appeal

Once your submittal is deemed complete and accepted, staff will send you a confirmation and advise that submittal fees (if applicable) are available for payment in the [Portal](#).

For questions about your submittal, please reach out to [dsintake@hollyspringsnc.gov](mailto:dsintake@hollyspringsnc.gov)



# ADMINISTRATOR APPEAL PETITION

DPM Appendix #A.15 Supplement 20 January 2023

PETITION CONTACT INFORMATION	
Applicant and Financially Responsible Party will need to register for an account on the <a href="#">CityView Portal</a> .	
Appellant	
Name:	Company:
Mailing Address:	
City, State Zip:	
Telephone:	E-Mail:

PROJECT INFORMATION	
Project Name	
Project Number	
Project Location <i>Use street address. If none, use closest intersection</i>	<input type="checkbox"/> Within Corporate Limits <input type="checkbox"/> Within Holly Springs ETJ <input type="checkbox"/> Pending Annexation
PIN(s)	
Real Estate ID	
Project Acreage	Part Parcel? <input type="checkbox"/>
Current Zoning	
Sketch Plan Review (Pre-Submittal Mtg) Date:	

ADMINISTRATIVE APPEAL REQUEST <i>(use additional sheets if needed)</i>
I hereby appeal to the Board of Adjustment from the following decision of the Unified Development Ordinance Administrator:

STATEMENT BY APPELLANT
<p>I certify that I have attached to this Administrator Appeal form my interpretation of what actions, decisions or interpretations of the UDO section(s) are in question. I also state my reasons, interpretations and justifications for believing that the actions, decisions, or interpretations made by the Unified Development Ordinance Administrator are not correct and should be appealed.</p> <p>I certify that all information presented in this application is accurate to the best of my knowledge. 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.</p>
<p>Signature: _____ Date: _____</p>