THE APPLICANT HEREBY APPEALS: (Indicate one)

( ) An action of the Director as stated on attached Form 2.

( ) A variance as stated on attached Form 3.

The following information must be provided for either request:

Property Information:

TMS Number: _______________________________________________

Street Address: _____________________________________________

City / State / Zip Code: _______________________________________

Subdivision / PD: ____________________________________________

Lot / Block / Number: _________________________________________

Current Zoning Classification: ________________________________
Property Owner of Record:

Name: ______________________________________________________

Address: ____________________________________________________

City/ State/ Zip Code: __________________________________________

Telephone/Fax: _______________________________________________

E-mail: ____________________________________________________

Signature of Owner / Date: ______________________________________

I have appointed the individual or firm listed below as my representative in conjunction with this matter related to the Architectural Review of proposed new construction or improvements to the structures on my property.

Agent of Owner:

Name: ______________________________________________________

Address: ____________________________________________________

City / State / Zip Code: _________________________________________

Telephone/Fax: _______________________________________________

E-mail: ____________________________________________________

Signature of Agent/ Date: _______________________________________

Signature of Owner / Date: ______________________________________
1. Applicant hereby appeals to the Board of Architectural Review from the action of the Director or Planning and Code Enforcement affecting the property described in the Notice of Appeal [Form 1] on the grounds that:

granting ____________ denial__________________ of architectural approval to __________________________ was erroneous and contrary to provisions of the zoning ordinance in Section: __________________________ or other action or decision of the Director of Planning and Code Enforcement was erroneous as follows:

2. Applicant is aggrieved by the action or decision in that:

3. Applicant contends that the correct interpretation of the zoning ordinance as applied to the building or structure is:

4. Applicant request that following relief:

_____________________________________

Date:

_____________________________________

Applicant Signature
FORM 3 – Variance Request

1. Applicant hereby appeals to the Board of Architectural Review for a variance from the strict application to the property described in the Notice of Appeal (Form 1) of the following provisions to the Zoning Ordinance:

   So that architectural approval may be issued to allow use of the building or structure in a manner shown on the attached plan and described as follows:

   For which the Director of Planning and Code Enforcement denied approval on the grounds that the proposal would be in violation of the cited section(s) of the Zoning Ordinance.

2. The application of the ordinance will result in unnecessary hardship, and the standards for a variance set by State Law and the ordinance are met by the following facts:

   a. There are extraordinary and exceptional conditions pertaining to the particular building or structure as follows:

   b. These conditions do not generally apply to other buildings or structures in the vicinity as shown by:

   c. Because of these conditions, the application of the ordinance to the particular building or structure would effectively prohibit or unreasonably restrict the utilization of the property as follows:

   d. The authorization of the variance will not be of substantial detriment to adjacent property or to the public good, and the granting of the variance for the following reasons will not harm the character of the district:

3. The following documents are submitted as evidence in support of this application:
   Please submit one (1) plot plan with this completed application.

   Date: ____________________________
   
   (Applicant’s signature)
ARB Appeals fee: $150.00.

All applicable fees must be paid at the time of submittal.

Please submit the completed application along with the required fee to Georgetown County Planning Division at 129 Screven Street, Georgetown, S. C. 29440.

If you need additional help, please contact our office at 843-545-3158.