



**129 Screven Street, Suite 252  
Post Office Drawer 421270  
Georgetown, S. C. 29442  
Phone: 843-545-3158  
Fax: 843-545-3299**

## **ZONING BOARD OF APPEALS**

**THE APPLICANT HEREBY APPEALS:** (Indicate one)

- ( ) An action of the Zoning Administrator 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:

Tax Map (TMS) Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Lot Dimensions/ Lot Area: \_\_\_\_\_

Plat Book / Page: \_\_\_\_\_

Current Zoning Classification: \_\_\_\_\_

Property Owner of Record:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Telephone/Fax Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of Owner / Date: \_\_\_\_\_

I have appointed the individual or firm listed below as my representative in conjunction with this matter related to the Zoning Board of Appeals.

Agent of Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature of Agent/ Date: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_

**Fee Required: \$250.00 for variance**  
**\$500.00 for an appeal to an interpretation**

**Adjacent Property Owners Information required:**

1. A list of all adjacent property owners (and related Tax Map Numbers) must also accompany the application.

**Form 2 – Appeal Request**

1. Applicant hereby appeals to the Zoning Board of Appeals from the action of the Zoning Administrator affecting the property described in the Notice of Appeal (Form 1) on the grounds that:  
granting \_\_\_\_\_ denial \_\_\_\_\_ of an application for a permit to \_\_\_\_\_ was erroneous and contrary to provisions of the zoning ordinance in Section: \_\_\_\_\_ or other action or decision of the Zoning Official 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 property is:
  
4. Applicant request that following relief:

### FORM 3 – Variance Request

1. Applicant hereby appeals to the Zoning Board of Appeals 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 a zoning permit may be issued to allow use of the property in a manner shown on the attached plot plan, described as follows:

For which a zoning official has denied a permit 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 piece of property as follows:
  - b. These conditions do not generally apply to other property in the vicinity as shown by:
  - c. Because of these conditions, the application of the ordinance to the particular piece of property 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 must be submitted as evidence in support of this application:
  - a. A scaled plot plan indicating the existing conditions and proposed additions.
  - b. Please submit **twelve (12)** copies of the scaled plot plan.

If you need assistance with this application, please contact our office at 843-545-3158.

Please submit the completed application, all additional materials along with the **required fee** to Georgetown County Planning Division, 129 Screven Street, Suite 252, Georgetown, S. C. 29440.

I (we) certify that the information in this application and the attached Form 2 or 3 is correct.

Date: \_\_\_\_\_

Applicant signature (s); \_\_\_\_\_  
\_\_\_\_\_

Contact Person and Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Site visits to the property, by County employees, are essential to process this application. The owner\ applicant, as listed above, hereby authorize County employees to visit, photograph, and post a notice on the property in which this application references. These signs belong to Georgetown County and will be picked up from your property within five (5) working days of being heard.**