#### DORCHESTER COUNTY

# APPEAL / VARIANCE REQUEST APPLICATION

**Instructions:** Applicants must complete and submit this form and fee with all the required information to the Department of Planning & Codes Enforcement at 500 N. Main St., Summerville. **Appeals:** Any person who feels an injustice has been done from a decision or interpretation made by the Zoning Administrator may initiate an Appeal. An Appeal shall be commenced within 15 days following a receipt of a written decision from the Zoning Administrator. The Zoning Administrator will have (7) days to investigate the matter and attempt to amend the decision. Should the Applicant need additional consideration, the Zoning Administrator will forward the Appeal to the Board of Zoning Appeals for their review and decision. **Variances:** Any property owner who feels they should be exempt from a provision of the Zoning Ordinance may request a Variance. The Zoning Administrator will have (7) days to investigate this matter and either resolve the Variance or refer it to the Board of Zoning Appeals for their review and decision.

Office Use Only Board of Zoning Appeals Meeting Date:			
Property location/address:	TMS#	_ Zoning:	
Variance Request for:		Ü	
1			
Variance Requested for: ☐ Front Setback ☐ Rear Setback ☐	Side Setback □ Lot Size	□ Other	
Appeal Requested for:			
1-pp sur requestor 1011			
Property location/address:	TMS#	_ Zoning:	
Property Owner:			
Applicant:			
Applicant Address:			
Daytime Phone(s): Fax No.:			
Buy time Profession.	Effecti.		
Applicants Relationship: (If Not Property Owner)			
☐ Attorney ☐ Design Professional ☐ Contractor ☐ Real	l Estate Agent □ Other		
Required Application Information:   Recorded Plat of Property   Tree Survey			
<ul> <li>An Application is not complete until all required information is submitted.</li> </ul>			
	_		
I hereby acknowledge by my signature that the forgoing application is complete and accurate and I am the owner of the subject property or the authorized representative of the owner. I authorize the subject property to be posted and/or inspected. All fees are non-refundable.			
Applicant Signature: Da	te:		
Office Use Only			

Cash/Check#: \_\_

Rcpt#: \_\_

Date Received: \_

Fee: \_

## **DORCHESTER COUNTY**

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## Applicants for variances must complete the following:

Or	oplicant hereby appeals to the Board of Zoning Appeals for a Variance from the strict application of the Zoning dinance to the property described on this application so that a zoning permit may be issued to allow use of the operty in a manner shown on the attached site plan, described as follows:		
	oplicant must explain how strict application of the Ordinance will result in an unnecessary hardship, and how the ndards for a Variance set by the Zoning Ordinance are met by answering the following questions:		
a)	What extraordinary and exceptional conditions pertain to the particular piece of property:		
b)	Explain why these conditions are peculiar to this particular property:		
c)	Explain how, because of these conditions, the application of the Ordinance to the particular piece of property would create an unnecessary hardship:		
d)	Explain why authorization of a Variance will not be of substantial detriment to the adjacent property or to the public good or impair the purpose and intent of the Zoning Ordinance:		
	Signature of Applicant Date		
	Planning Staff Use Only		
Sta	aff Review:		
☐ Approved ☐ Denied ☐ Forwarded to Board of Zoning Appeals			
Zo	ning Administrator: Date:		
	Board of Zoning Appeals Use Only		
	e Board of Zoning Appeals has heard this Application of the above referenced property. It's findings are as lows:		
	□ Approved □ Approved with Conditions □ Deferred □ Denied		
Co	onditions:		
Ch	nairman: Date: Vote:		

KIERA REINERTSEN Director

This completed form is to be submitt permits.	ed with all applications for zoning and land development
PROPERTY LOCATION / ADDRESS	
TMS#	
OWNER NAME	
	oth Carolina Code of Laws, is this tract or parcel of land that is contrary to, conflicts with, or prohibits the activity
YES	NO
PROPERTY OWNER / RESPONS	SIBLE PARTY SIGNATURE
DATE	