

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. **Variations:** 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. **Both** sides of this application must be completed and signed.

Office Use Only

Board of Zoning Appeals Meeting Date: _____

Property location/address: _____ TMS# _____ Zoning: _____

Request for: _____

Variance Requested for: Front Setback Rear Setback Side Setback Lot Size Other _____

Appeal Requested for: _____

Property location/address: _____ TMS# _____ Zoning: _____

Property Owner: _____

Applicant: _____

Applicant Address: _____

Daytime Phone(s): _____ Fax No.: _____ Email: _____

Applicant's Relationship: (If Not Property Owner)

Attorney Design Professional Contractor Real Estate Agent Other _____

Required Application Information: Recorded Plat of Property Tree Survey

❖ An Application is **not** complete until all required information is submitted.

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: _____ Date: _____

Printed Name: _____

Office Use Only

Date Received: _____ Fee: _____ Cash/Check#: _____ Rcpt#: _____ Staff: _____

Applicants for variances must complete the following:

Applicant hereby appeals to the Board of Zoning Appeals for a Variance from the strict application of the Zoning Ordinance to the property described on this application so that a zoning permit may be issued to allow use of the property in a manner shown on the attached site plan, described as follows: _____

Applicant must explain how strict application of the Ordinance will result in an unnecessary hardship, and how the standards 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 in question because of its size, shape, or topography; and: _____
- b) Explain why such conditions are peculiar to the particular piece of property involved and do not generally apply to other property in the vicinity; and: _____
- c) Explain how, because of these conditions, the application of the Ordinance to this particular piece of property would effectively prohibit or unreasonably restrict the utilization of the property; and: _____
- d) Explain why the authorization of a Variance will not cause substantial detriment to adjacent property, or to the public good, or impair the purpose and intent of the Ordinance or the comprehensive plan: _____

Signature of Applicant

Date

Planning Staff Use Only

Staff Review:

- Approved Denied Forwarded to Board of Zoning Appeals

Zoning Administrator: _____ Date: _____

Board of Zoning Appeals Use Only

The Board of Zoning Appeals has heard this Application of the above referenced property. It's findings are as follows:

- Approved Approved with Conditions Deferred Denied

Conditions: _____

Chairman: _____ Date: _____ Vote: _____



PLANNING & ZONING

KIERA REINERTSEN
Director

This completed form is to be submitted with all applications for zoning and land development permits.

PROPERTY LOCATION / ADDRESS _____

TMS# _____

OWNER NAME _____

Pursuant to Section 6-29-1145 of South Carolina Code of Laws, is this tract or parcel of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in the application?

YES _____

NO _____

PROPERTY OWNER / RESPONSIBLE PARTY SIGNATURE

DATE