

**DORCHESTER COUNTY**  
**SPECIAL EXCEPTION**  
**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. The Board of Zoning Appeals may hear requests for special exception approval only for those specifically listed as special exception uses in a particular zone district.

**Office Use Only**

**Board of Zoning Appeals Meeting Date:** \_\_\_\_\_

Property location/address: \_\_\_\_\_ TMS# \_\_\_\_\_ Zoning: \_\_\_\_\_

Special Exception Request for:  
\_\_\_\_\_

Special Exception for: \_\_\_\_\_

Appeal Requested for: \_\_\_\_\_

Property location/address: \_\_\_\_\_ TMS# \_\_\_\_\_ Zoning: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

Daytime Phone(s): \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Applicants Relationship: (If Not Property Owner)

Attorney    Design Professional    Contractor    Real Estate Agent    Other \_\_\_\_\_

**Required Application Information:**    **Recorded Plat of Property**    **Visual depiction of Special Exception**

❖ 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 Special Exception complete the following:**

(1) Applicant hereby appeals to the Board of Zoning Appeals for a Special Exception for use of the property described on this application as:

\_\_\_\_\_

Which is a permitted special exception under the regulation in Section \_\_\_\_\_ of the Zoning Ordinance.

(2) Applicant will meet the standards in Section \_\_\_\_\_ of the Zoning Ordinance which are applicable to the proposed special exception in the following manner: \_\_\_\_\_

\_\_\_\_\_

(3) Applicant provides the following documents submitted in support of this application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

**Planning Staff Use Only**

Staff Review:

Approved Compliance with Section: \_\_\_\_\_

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