

APPLICATION
BOARD OF ZONING APPEALS
McCLELLANVILLE, SOUTH CAROLINA

1. NAME OF APPELLANT _____

2. SITE ADDRESS _____

3. REASON FOR APPEAL: (Please check one box)

(a) a decision of the Zoning Administrator which the appellant believes to be contrary to the meaning of the Zoning Ordinance

(b) a request to vary:

a yard requirement

a lot width requirement

a lot area requirement

other requirements (list section of Ordinance _____)

(c) a request for relief from requirements contained in the McClellanville Subdivision Regulations.

4. Describe those things which you feel justify the action requested. The burden of proof lies with the appellant to show that he or she qualifies for a variance. There are four factors which must be addressed for requests 3b and 3c. You may attach additional sheets if the space provided is not adequate.

(continued on reverse side)

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5. List the names and addresses of surrounding property owners:

6. List the tax map reference number for your property: _____ - _____ - _____ - _____

7. Attach a map of the property. drawn to scale, showing property lines, structures, etc.

8. I hereby depose and say that all of the statements contained herein are true and that I possess the authority to act in this matter.

Signature of Appellant or Agent

Date of Application

Mailing Address

Telephone Number

STATUS
OFFICE USE ONLY

Date that notice was: advertised in newspaper _____
 sent to surrounding property owners _____

Summary of action by the Board _____
