



# SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449  
SUMTER, SC 29151

12 WEST LIBERTY STREET  
(803) 774-1660



## Notice of Appeal – Form 1 Board of Zoning Appeals

Date Filed: \_\_\_\_\_  City  County

### INSTRUCTIONS

This form must be completed for a hearing on **appeal** from action of a zoning official, application for a **variance**, or application for **special exception**. Entries must be printed or typewritten. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent.

An accurate, legible plot plan showing property dimensions and locations of structures and improvements must be attached to an application for variance or special exception.

### THE APPLICANT HEREBY APPEALS (indicate one):

- From action of a zoning official as stated on attached Form 2
- For a variance as stated on attached Form 3
- For a special exception as stated on attached Form 4

**APPLICANTS:** [print] \_\_\_\_\_

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

Telephone: \_\_\_\_\_ [work] \_\_\_\_\_ [home]

Interest: \_\_\_\_\_ Owner(s) \_\_\_\_\_ Adjacent Owner(s); Other: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**OWNER(S)** [if other than Applicant(s)]: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ [work] \_\_\_\_\_ [home]

**PROPERTY ADDRESS:** \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Tax Map # \_\_\_\_\_

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

Zoning District: \_\_\_\_\_

*Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit?*  Yes  No

### CERTIFICATION

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Property Owner or Authorized Agent Name, Signature and Date

### APPLICATION MUST:

- ◆ Be submitted at least 22 days prior to the next scheduled Board of Adjustment meeting
- ◆ Include site plan (if applicable)
- ◆ Include an application fee of: \$250.00 (City) or \$100.00 (County)
- ◆ Plat of the property that includes all structures both existing and proposed (if applicable)

**OFFICE USE:**

Date Fee Paid \_\_\_\_\_

Amount Paid \_\_\_\_\_

Received By \_\_\_\_\_

Meeting Date \_\_\_\_\_

**Appeal from Action of Zoning Official – Form 2  
Board of Zoning Appeals**

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Date Filed: \_\_\_\_\_ Permit Application No. \_\_\_\_\_ Appeal No. \_\_\_\_\_

1. Applicant hereby appeals to the Board of Zoning Appeals from the action of the Zoning Official 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 requests the following relief:

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

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**Property Owner or Authorized Agent Name, Signature and Date**

**Variance Application – Form 3  
Board of Zoning Appeals**

Date Filed: \_\_\_\_\_ Permit Application No. \_\_\_\_\_ Appeal No. \_\_\_\_\_

1. Applicant hereby appeals to the Board of Zoning Appeals for a variance from the strict application to the property described in the Notice of Appeal (Form 1) of the following provisions of 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 permit has been denied by a zoning official 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 character of the district will not be harmed by the granting of the variance for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

3. The following documents are submitted in support of this application:

(A plot plan must be submitted)

**CERTIFICATION**

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

**Property Owner or Authorized Agent Name, Signature and Date**

**Special Exception Application – Form 4  
Board of Zoning Appeals**

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Date Filed: \_\_\_\_\_ Permit Application No. \_\_\_\_\_ Appeal No. \_\_\_\_\_

1. Applicant hereby appeals to the Board of Zoning Appeals for a special exception for use of the property described in the Notice of Appeals (Form 1) as: \_\_\_\_\_

\_\_\_\_\_ which is a permitted special exception under the district 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 suggests that the following conditions be imposed to meet the standards in the Zoning Ordinance:

\_\_\_\_\_

\_\_\_\_\_

4. The following documents are submitted in support of this application: \_\_\_\_\_

\_\_\_\_\_

**(A plot plan must be submitted)**

**CERTIFICATION**

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

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**Property Owner or Authorized Agent Name, Signature and Date**