City of Walterboro

242 Hampton Street PO Box 709, Walterboro, SC 29488 843-549-2545-phone, 843-549-9795-fax

Notice of Appeal – Form 1 Board of Zoning Appeals

Date Filed:	Permit Application No.	Appeal No
	Instruction	
application for a variance typewritten. If the application the applicant is not an own	or application for spec iation is on behalf of the parties, the owner(s) must supported the property dimensions and plication for variance or specification	appeal from action of a zoning official, ial exception. Entries must be printed or property owner(s), all owners must sign. If ign the Designation of Agent. An accurate, locations of structures and improvements pecial exception.
o For a variand	of a zoning official as state ce as stated on attached I I exception as stated on a	Form 3. ttached Form 4.
Address:		
Telephone:	[work] _	[home]
Interest: Owne	er(s): <i>F</i>	Adjacent Owner(s); Other:
Address:		
Telephone:	[work] _	[home]
	[Use reverse side if more	space is needed.]
PROPERTY ADDRESS:	•	Subdivision
Tax Map No		Area (Square Footage):
		Other:
	as my (our) agent to rep	s not applicant]: I (we) hereby appoint the resent me (us) in this application.
Date.		Owner signature(s)
I (we) certify that the inform	mation in this application	and the attached Form 2, 3 or 4 is correct.
Date:		
	-	Applicant signature(s)

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Special Exception Application – Form 4 Board of Zoning Appeals

Date F	iled: 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.]
Date: _.	Applicant signature