# APPLICATION to the GREENVILLE COUNTY BOARD OF ZONING APPEALS

GREENVILLE COUNTY Greenville County Square 301 University Ridge, Suite S-3200 Greenville, SC 29601 Phone: (864) 467-7425 Zoning@greenvillecounty.org



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# This application must be submitted no later than 12:00 p.m. on the application deadline date

Property Owner					
Applicant's Name (Last, First, Middle)			Phone		
Address (Street, City, State, Zipcode)					
Company		Email			
Signature	ture			Date	
Authorized Representative					
pplicant's Name (Last, First, Middle)			Phone		
Address (Street, City, State, Zipcode)				I	
Company		Email			
Property Information					
Property Location	Property Location Council Dist			rict	
Tax Map Number					
oning District Signs Prov			Signs Provid #	ded	
Are there recorded private covenants and/or restrictions t Yes If Yes, a copy of the private covenants and res No	-		posed reques	t?	
Application Information					
Application for					

Application for:

Appeal from Zoning Administrator's Decision

Variance (If checked, page 2 must be completed)

Use by Special Exception (If checked, page 3 must be completed)

Reason for Application (If variance, list specific measurement in feet and inches):

Two physical (2) copies and one (1) electronic copy of a site plan or survey with the following information at scales of not less than 1":100' are to be provided: Dimension/location of the lot on which the existing/proposed building or use is to be erected or conducted, including dimension/location of variance.

Location of the lot with respect to adjacent rights-of-way and location/dimensions of off-street parking and means of ingress/egress.

Surrounding Properties identified

If Use by Special Exception, drawings must show all criteria read in Article 11 of the Zoning Ordinance.

Light Plan/Photometric Plan for all Use by Special Exception (staff reserves the right to require for variances)

Has any application involving this property been previously submitted to the Board of Zoning Appeals?

Yes If Yes, please provide the docket number:

□ No

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### **Notice of Public Hearing**

Note: It is required that the application be submitted in person by the owner or representative. **NOTICE OF PUBLIC HEARING SIGN(S) MUST BE POSTED AT LEAST FIFTEEN (15) DAYS PRIOR TO THE HEARING DATE.** Any information submitted with the application, and becomes part of the file, cannot be returned.

### Variance Justification (if applicable)

A variance from the terms of the zoning ordinance may be granted by the Board of Zoning Appeals based upon the conditions outlined in Section 3:4.1 of the Zoning Ordinance. In the spaces provided briefly outline how these conditions apply to your application.

A. There are extraordinary and exceptional conditions pertaining to the particular piece of property:

B. These conditions do not generally apply to other property in the vicinity:

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:

D. The authorization of a 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:

THE BOARD MAY NOT GRANT A VARIANCE, THE EFFECT OF WHICH WOULD BE TO ALLOW THE ESTABLISHMENT OF A USE NOT OTHERWISE PERMITTED IN A ZONING DISTRICT, TO EXTEND PHYSICALLY A NON-CONFORMING USE OF LAND, OR TO CHANGE THE ZONING DISTRICT BOUNDARIES SHOWN ON THE OFFICIAL MAP.

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### Use by Special Exception Justification (if applicable)

A Use by Special Exception from the terms of the zoning ordinance may be granted by the Board of Zoning Appeals based upon the conditions outlined in Section 11:1 of the Zoning Ordinance. In the space provided briefly outline how these conditions apply to your application.

A. The use meets all required conditions:

B. The use is not detrimental to the public health or general welfare:

C. The use is appropriately located with respect to transportation facilities, water supply, fire and police protection, waste disposal, and similar services:

D. The use will not violate neighborhood character nor adversely affect surrounding land uses:

The applicant hereby certifies and agrees as follows: that he/she is authorized to make this application, and is the owner or owner's agent of the property; that he/ she has read the above information and it is true and correct; that he/she grants the right of entry to the property to the employees of the County of Greenville for the purpose of inspections and posting of notices.

Signature				Date				
Print Name				Permit Version 240424 - NEM				
For Staff Use								
Docket Number	Date Submitted	Posting Date	<b>\$100.00</b> Filing Fee/F Cash Check		Taken By			

For more information on the status of your review, call (864) 467-7425; visit County Square, Suite S-3200; or visit online at the following address: http:// www.greenvillecounty.org/Zoning/BoardOfZoningAppeals.aspx

### Greenville County Planning & Zoning Department Acting Agent Authorization Form

If you are the acting agent for the property owner, we need written documentation granting you the authority to do so. Please have the <u>Property Owner</u> fill out the following form.

Date:		
I,, (Name of Person or Entity Owning the Property – 1	am the owner of property in Greenvi MUST MATCH DEED	lle County
located at address		
and having Tax Map #		
I hereby authorize:		
	, (Relationship)	
	(Relationship)	
	(Relationship)	
	(Relationship)	
to act as my agent for the subdivision, permitt	ing, and/or development of the above-mentio	ned property.
Attested:	Person or Entity Owning the Property (MUST MATCH DEED):	7
(Signature)	Ву:	(Signature)
		(Printed Name)
(Printed Name	e) Its:	(Title)

Appropriate Signatures if Acting on Behalf of an Entity: Corporation – President, Vice President, Secretary/Treasurer LLC – Member or Manager LP – General Partner Partnership – General Partner or Partner Trust - Trustee