

ZONING VARIANCE REQUEST
\$150 FEE REQUIRED WITH FILING OF REQUEST

TOWN OF ELLOREE ZONING BOARD OF APPEALS

2719 Cleveland Street, Post Office Box 28, Elloree, SC 29047

(803) 897-2821

(803) 897-3315-Fax

Name: _____

Date: _____

Address: _____

Phone: _____

Address of Property in Question: _____

Present Zoning of Property: _____

Name of Property Owner(s): _____

Present Zoning of Neighboring Properties to the:

North _____ South _____ East _____ West _____

Parcel ID # _____ Map # _____

Which sections of the Town of Elloree Zoning Ordinance are you requesting a variance from: _____

Please indicate Section and Paragraph numbers.

Section(s):

The Zoning Board of Appeals may not grant a variance from the regulations within the Ordinance unless certain conditions exist. Further, the Board must determine that the request will not be detrimental to adjacent property and the surrounding neighborhood. The following conditions must be met in order for the Zoning Board of Appeals to grant a variance. Those conditions are:

1. There are exceptional or extraordinary circumstances or conditions that apply to the property in question or to the intended use of the property that do not apply generally to other properties in the same zoning district.

Which exceptional conditions apply to your property that do not generally apply to other properties in your zoning district? _____

2. The variance, if granted, is necessary for the preservation and enjoyment of the property rights that are similar to those rights that are possessed by other properties in the same area.

How will the variance improve your use of the property? _____

Are there other properties in your area that have a similar type of improvement? If so, please list physical addresses, property owner names, and tax map numbers.

Drawing to scale, including all dimensions and structures, must be attached.

I hereby give permission for the members of the Zoning Board of Appeals and Township Staff to access and inspect the property in question for the purpose of gathering information to make an informed decision on this variance request.

Property Owner

Date

THE INFORMATION CONTAINED WITHIN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND SUBMITTED TO THE ZONING BOARD OF APPEALS FOR THEIR REVIEW. I REALIZE THAT ANY INFORMATION THAT I SUPPLY THAT IS NOT CORRECT COULD VOID ANY DECISION BY THE BOARD. I ALSO ACKNOWLEDGE THAT IF THE VARIANCE IS GRANTED BY THE BOARD, THE WORK WITHIN THE REQUEST MUST BE CARRIED OUT WITHIN ONE YEAR OF THE PUBLIC HEARING OR THE VARIANCE BECOMES NULL AND VOID.

Applicant Signature

Date

Received by Clerk: _____

Received by Zoning Administrator: _____

Forwarded to Board of Zoning Appeals: _____

Posting Date: _____

Advertisement Date: _____

Notification of Adjacent Property Owners: _____

Public Hearing Date: _____

Notification of Decision to Property Owner: _____