Lancaster County Board of Zoning Appeals
101. N Main St. | P.O. Box 1809 | Lancaster, S.C. 29721
Tel: (803) 416-9777 | Fax: (803) 416-9797

BOARD OF ZONING APPEALS APPLICATION

IF YOU NEED ASSISTANCE WITH THIS APPLICATION, PLEASE CONTACT OUR OFFICE AT 803-416-9777.
PLEASE SUBMIT THE COMPLETED APPLICATION, ALL ADDITIONAL MATERIAL ALONG WITH THE REQUIRED FEE $200.00.

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR THE REQUEST:

PROPERTY INFORMATION:

TAX MAP NUMBER:_____

STREET ADDRESS:_____

CITY/ STATE/ ZIP CODE:_____

LOT DIMENSIONS/ LOT AREA:_____PLAT BOOK/PAGE:_____

CURRENT ZONING CLASSIFICATION:_____

PROPERTY OWNER OF RECORD:

NAME:_____

ADDRESS:_____

CITY/STATE/ZIP CODE:_____TELEPHONE/FAX NUMBER:_____

EMAIL ADDRESS:_____

SIGNATURE OF OWNER/ DATE:_____

I HAVE APPOINTED THE INDIVIDUAL OR FIRM LISTED BELOW AS MY REPRESENTATIVE IN CONJUNCTION WITH THIS MATTER RELATED TO THE BOARD OF ZONING APPEALS.

AGENT OF OWNER:

NAME:_____

ADDRESS:_____

CITY/STATE/ZIP CODE:_____TELEPHONE/FAX NUMBER:_____

EMAIL ADDRESS:_____

SIGNATURE OF AGENT/ DATE:_____

SIGNATURE OF OWNER/ DATE:_____

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SPECIAL EXCEPTION APPLICATION

DATE FILED:_____APPLICATION 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 UNIFIED DEVELOPMENT ORDINANCE.

2. APPLICANT WILL MEET THE STANDARDS IN SECTION _____OF THE ZONING ORDINANCE WHICH ARE APPLICALE TO THE PROPOSED SPECIAL EXCEPTION IN THE FOLLOWING MANNER:

   _____
   _____
   _____
   _____
   _____

3. APPLICANT SUGGEST 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:

   _____
   _____
   _____
   _____
   _____

5. THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS APPLICATION: (A PLOT PLAN MUST BE SUBMITTED)

   _____

Date:_____ Applicant Signature:_____