



# Lancaster County Board of Zoning Appeals

101 N. Main Street, Ste. 158  
P.O. Box 1809  
Lancaster, South Carolina 29721-1809

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## 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: \_\_\_\_\_

**APPEAL FROM ACTION OF ZONING OFFICIAL**

DATE FILED: \_\_\_\_\_ APPLICATION NO. \_\_\_\_\_

1. THE 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 UNIFIED DEVELOPMENT ORDINANCE IN SECTION: \_\_\_\_\_ OR OTHER ACTION OR DECISION OF THE UNIFIED DEVELOPMENT ORDINANCE WAS ERRONEOUS AS FOLLOWS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. APPLICANT IS AGGRIEVED BY THE ACTION OR DECISION IN THAT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. APPLICANT CONTENDS THAT THE CORRECT INTERPRETATION OF THE UNIFIED DEVELOPMENT ORDINANCE AS APPLIED TO THE PROPERTY IS:

\_\_\_\_\_  
\_\_\_\_\_

4. APPLICANT REQUEST THE FOLLOWING RELIEF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_