



TOWN OF SPRINGDALE BOARD OF ZONING APPEALS

2915 Platt Springs Road • Springdale, SC 29170
Office (803) 794-0408 • Fax (803) 791-0567
Visit the Town Web Site at www.springdale.sc.com

Notice of Appeal Application

Date Filed: _____ Fee Paid: _____ TMS #: _____ Zoning District: _____

Instructions

This form must be completed in order to **request an appeal** to the Board of Zoning Appeals. Entries must be printed or typewritten. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent located at the bottom of the form. **An accurate, legible plot plan showing property dimensions and locations of all of the subject matter, structures and improvements must be attached to an application. The application WILL NOT be accepted without the plot plan.**

Upon completion, please return the form to Town Hall, 2915 Platt Springs Rd, Springdale, SC 29170.

THE APPLICANT HEREBY APPEALS [indicate one]:

<input type="checkbox"/> Variance	The applicant believes the literal enforcement of the provisions of the zoning ordinance result in an unnecessary hardship. (Zoning Ord. Sec. 6.2.2)
<input type="checkbox"/> Action of the Zoning Official/Admin. Appeal	The applicant believes that there is an error in any order, requirement, decision or determination made by the zoning official. (Zoning Ord. Sec. 6.2.1)
<input type="checkbox"/> Special Exception	The applicant is seeking an exception for a use permitted by district regulations as a special exception with specific applicable criteria. (Zoning Ord. Sec. 6.2.3)

APPLICANT(S) [print]:

Name: _____
Address: _____
Telephone: _____ [work] _____ [home]

SUBJECT PROPERTY ADDRESS: _____
Lot _____, Block _____, Subdivision _____
Tax Map No. _____ Plat Book _____, Page _____
Lot Dimensions: _____ Area: _____
Zoning District: _____

Designation of Agent [complete only if owner is not the applicant]: I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request. _____

Property Owner Signature

Applicant Signature

I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of South Carolina regulating such work and to the specifications and plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

Applicant* (PRINT)

Applicant Signature

Date