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.springdalesc.com

Notice of Appeal- Zoning Official

Date Filed: _____ TMS#:_____

1. 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 on the grounds that: ____ granting ____ denial of an application for a permit to _____
was erroneous and contrary to provisions of the zoning ordinance in Section: _____ .

2. Please explain your grievance of the action or decision of the Zoning Official.

_____

_____

_____

_____

3. Please explain what you believe is the correct interpretation of the zoning ordinance.

_____

_____

_____

_____

4. Please explain what decision you would like from the Board of Zoning appeals.

_____

_____

Date: _____ _____
Applicant(s) signature(s)

OFFICIAL USE ONLY

Board of Zoning Appeal Decision: ___Approved ___Conditional ___Disapproved **Hearing Date**: _____
Explanation:_____
_____
_____
_____
_____

Zoning Official Initial _____