If assistance is needed in filling out this application, contact the Planning and Development Manager at 803.548.3513 Ext. 4.

Board of Zoning Appeals meetings are held the third (3rd) Thursday of the month at 7:00 p.m. in the City Council Chambers, Lower Level of The Glennon Center located at 15077 Molokai Drive (if there are cases to be heard).

The attached application must be filled out completely and fees paid in full. The application fee is $350.00. A plat (survey) must be submitted before a request can be placed on the Board of Zoning Appeals agenda. Please print with ink or use a typewriter to fill out the forms.

The following information corresponds with the variance application. These instructions are provided to aid the individual in understanding which information is needed.

GENERAL INFORMATION:

APPLICANT: This is the person who will represent the property owner(s) at the public hearing. Fill in name, full address, and phone numbers.

PROPERTY OWNER: This is the person that is listed with the tax assessor as the property owner. Fill in name, full address, and phone numbers.

PROPERTY INFORMATION:

PROPERTY ADDRESS: Give the address of the property.

PROPERTY DIRECTIONS: Give specific directions to the property. Begin with a major, heavily traveled road. Landmarks, directional language (north, south, etc.) and distances should be included.

PROPERTY CONDITIONS: Explain the landscaping and topography of the land. Examples: partially wooded and sloping from rear to front, or front no trees and flat, back wooded and rolling.

PROPERTY TAX MAP #: The Tax Map Number can be found on the property tax notice or it can be obtained by calling 684-8526. The Property Tax Map Reference Number is important because it gives the Board access to pertinent information not listed on the application.

PLAT (SURVEY) OF PROPERTY: This can be obtained from the property owner or the Clerk of Courts Office in the York County Courthouse. Indicate, on the plat, the approximate location and distance of all structures and dwellings in relation to all property lines. If a plat does not exist, the deed that indicates property line distances (metes and bounds) will be accepted.

LOT AREA: In this space provide the size (area) of the lot. You may use either acres or square feet.

ZONING DISTRICT: Fill in the Zoning Classification(s) that cover the property. This information can be obtained from the Zoning staff.

Revised March 9, 2018
USE OF PROPERTY: Describe, in general terms, the current use of the property.

FACTORS RELEVANT TO THE VARIANCE:

Answer the questions in this section carefully, and be very specific in your answers. If more space is needed, use a separate sheet of paper.

APPLICATION INFORMATION: Explain in detail, the provisions (requirements) from which relief is being sought. Example: Setbacks, reduced to five (5) feet, parking spaces reduced to ten (10), etc.

EXPLANATION OF HARDSHIP: Answer the questions in this section carefully, and be very specific in your answer. If more space is needed, use a separate sheet of paper.

SUPPORTING DOCUMENTATION: List addendums, petitions, pictures, etc., that the applicant will be submitting into the record at the meeting or has been included in the application packet.

APPLICANT’S SIGNATURE: The applicant must sign the form certifying the information is correct; and must be signed even if applicant is the owner.

OWNER’S SIGNATURE: This section must be signed by the property owner. Notarized written authorization from the property owner giving the applicant permission to act of his/her behalf can be substituted for property owner’s signature.

ADDITIONAL INFORMATION

1. HARDSHIP RESULTING FROM FINANCIAL DIFFICULTY, AND THE APPLICANT’S OWN ACTIONS ARE GENERALLY NOT SUFFICIENT CAUSE FOR THE BOARD TO GRANT A VARIANCE.

2. ALTHOUGH THE APPEAL WILL BE ADVERTISED IN THE LOCAL NEWSPAPER, AND NOTIFICATION, CONCERNING THE MEETING, SENT TO ALL PROPERTY OWNERS WITHIN 200 FEET OF THE SUBJECT LOT, THE ZONING STAFF STRONGLY RECOMMENDS THAT ALL NEIGHBORS AND PROPERTY OWNERS BE CONTACTED, BY THE APPLICANT, BEFORE THE APPLICATION IS SUBMITTED.

3. THE APPLICANT MAY PRESENT, PER DISCRETION OF THE BOARD CHAIRMAN, ANY ITEMS AND/OR INDIVIDUALS HE/SHE BELIEVES WILL HELP HIS/HER CASE.

4. TWO-THIRDS OF THE MEMBERS OF THE APPOINTED BOARD MUST BE PRESENT BEFORE ACTION CAN BE TAKEN ON THE VARIANCE, AND THE CONCURRING VOTE OF MAJORITY OF THE BOARD OF ZONING APPEALS PRESENT IS NECESSARY IN ORDER FOR AN APPEAL TO BE APPROVED.

5. ANY PERSON WHO MAY HAVE A SUBSTANTIAL INTEREST IN ANY DECISION OF THE BOARD MAY APPEAL SAID DECISION TO A COURT OF COMPETENT JURISDICTION, FILING WITH THE CLERK OF SUCH COURT A PETITION IN WRITING SETTING FOURTH PLAINLY, FULLY AND DISTINCTLY WHEREIN SUCH DECISION IS CONTRARY TO THE LAW. SUCH APPEAL SHALL BE FILED WITHIN THIRTY (30) DAYS AFTER THE DECISION OF THE BOARD IS RENDERED.

Revised March 9, 2018
BOARD OF ZONING APPEALS APPLICATION

GENERAL INFORMATION

APPLICANT'S NAME: ____________________________________________________________

ADDRESS: ____________________________________________________________________
NUMBER STREET UNIT/SUITE NUMBER

CITY STATE ZIP CODE

PHONE: ________________________________________________________________
WORK HOME

PROPERTY OWNER'S NAME: _____________________________________________________

ADDRESS: ____________________________________________________________________
NUMBER STREET UNIT/SUITE NUMBER

CITY STATE ZIP CODE

PHONE: ________________________________________________________________
WORK HOME

(If more than one, list on separate sheet of paper)

PROPERTY INFORMATION

PROPERTY ADDRESS: __________________________________________________________

PROPERTY DIRECTIONS: ________________________________________________________

PROPERTY CONDITIONS: ________________________________________________________

PROPERTY TAX MAP #: _______________ PLAT: PLEASE ATTACH TO APPLICATION

LOT AREA: ACRES: _______________ SQ. FEET: ________________________________

ZONING DISTRICT: _______________ USE OF PROPERTY: ________________________

(COMMERCIAL, INDUSTRIAL OR MULTI-FAMILY DEVELOPMENT MAY REQUIRE A SITE PLAN.)

Revised March 9, 2018
| 1. | I (we) have made application for: ____________________________________________________________ |
|    | And the zoning department has denied it on the grounds that: (Information can be obtained from the Zoning Staff) |
|    | I request a variance from the Tega Cay Zoning Ordinance to be/have: (Be specific with measurements, feet, acreage, numbers of, ratio, etc.) |

| 2. | The application of the ordinance will result in unnecessary hardship, and the standards for a variance set by State Law and the ordinance are met by the following facts: |
|    | a. There are extraordinary and exceptional conditions pertaining to the particular piece of property as follows: __________________________________________________________ |
|    | b. These conditions are peculiar to this particular piece of property and do not apply to other property in the vicinity as shown by: __________________________________________________________ |
|    | c. Such conditions do not result from the applicant’s actions as shown by: __________________ |
|    | d. Because of these conditions, the application of this ordinance to this particular piece of property would effectively prohibit or unreasonably restrict the utilization of the property: __________________________________________________________ |
|    | e. The authorization of the variance will not be of substantial detriment to adjacent property or to the public good, and the character of the district will not be harmed by the granting of the variance for the following reasons: __________________________________________________________ |
If you are submitting any additional documents, please list what they are: ____________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

I CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BENEFIT:

__________________________________________________________
APPLICANT  DATE

I (WE) CERTIFY THAT I (WE) ARE THE OWNERS OF THE PROPERTY INVOLVED IN THIS APPLICATION AND FURTHER THAT I (WE) DESIGNATE THE PERSON SIGNING AS APPLICANT TO REPRESENT ME (US) IN THIS VARIANCE APPLICATION.

__________________________________________________________
PROPERTY OWNER (S)  DATE

*ATTACHED OWNER'S NOTARIZED WRITTEN AUTHORIZATION IF OWNER'S SIGNATURE CANNOT BE OBTAINED.

AMOUNT PAID: __________ CHECK #: __________ CASH AMOUNT: __________
DATE RECEIVED: __________________________ RECEIPT #: ____________________
BOARD OF ZONING APPEALS MEETING/PUBLIC HEARING DATE: _________________
ACCEPTED BY: ___________________________________________________________
ZONING OFFICIAL  DATE