UNITY SOUNT CAROLINA 1769

COUNTY COUNCIL OF BEAUFORT COUNTY

Beaufort County Planning & Zoning

Multi Government Center • 100 Ribaut Road
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OFFICE (843) 255-2170
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PROCEDURES TO APPLY TO THE ZONING BOARD OF APPEALS (ADMINISTRATIVE INTERPRETATION)

1.	Mandatory date of submission
2.	Date/Time of Hearing

- 3. Filing Fee of \$300.00
- 4. 10 Copies of application and supporting documents. All documents shall be submitted in packet form and shall be documents submitted to the Director prior to the interpretation being made. (New information shall not be submitted to the ZBOA)
- 5. Applicant must submit a detailed narrative covering all aspects and reasons why the administrative interpretation is being sought. PLEASE NOTE: It will not be the responsibility of the staff to ensure all of the standards are addressed.
- 6. If verbatim minutes are required, the applicant must hire a court reporter for his/her Zoning Board of Appeals hearing and give copy of those verbatim minutes to the Zoning Department for their files. The ZBOA will only provide summary, not verbatim minutes of the proceedings.
- 7. The applicant may appear in person or with his/her attorney. PLEASE NOTE: The Board may postpone or proceed to dispose of a matter on the agenda in the absence of an appearance on behalf of an applicant.
- 8. The hearing will be held in the Administration Building, County Council Chambers, 100 Ribaut Road, Beaufort.



BEAUFORT COUNTY - ZONING BOARD OF APPEALS APPLICATION FOR APPEALS (Administrative Interpretations)

INSTRUCTIONS:

Please fill out this application form completely. Attach any pertinent materials that may help the board members to better understand your request, i.e. photos, maps, drawings, etc. Failure to follow these instructions may result in rejection of your application.

A	pplicant Nameddress: ome Phone: mail:	Work Phone:			
2. P	roperty Location (If Applicable): Tax District # _ treet Address:	Tax Map #	Tax Parcel #	Lot #	
3. C	ordinance Section from which appeal is requested community Development Code: Article	ed: Division(s)	Tables(s)		
4. P	Please state the nature of your appeal. (Attach additional sheets as needed):				
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- 5. P	lease state your interpretation, and how if differs	s from that of the Director	:		
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- 6. C	ate the interpretation was granted/received by a	applicant:			
тои	E: THE BOARD MAY POSTPONE OR PROCI	EED TO DISPOSE OF T	HE MATTER ON THE	AGENDA IN THE	
her	eby agree to abide by all conditions imposed by	the County of Beaufort in	n the approval/disappro	val of this appeal.	
	Signature of Applicant	Printed Name of A	Applicant	Date	