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#### COUNTY COUNCIL OF BEAUFORT COUNTY

### **Beaufort County Planning & Zoning**

Multi Government Center • 100 Ribaut Road
Post Office Drawer 1228, Beaufort, SC 29901-1228
OFFICE (843) 255-2170
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## PROCEDURES TO APPLY TO THE ZONING BOARD OF APPEALS (VARIANCE)

Mandatory date of submission

2.	Date/Time of Hearing	9	
3.	Filing Fee of \$350.00		
1	10 Conice of site plan	application and supporting decuments	All deguments shall be submitte

- 4. 10 Copies of site plan, application and supporting documents. All documents shall be submitted in packet form.
- 5. Notice shall be posted on or adjacent to the affected property, such notice being visible from each public thoroughfare abutting the property for cases involving variances or special use permits. (Administration Board, Zoning Board of Appeals Division 7.5.30. The sign shall be setback no more than five feet from the street right-of-way. Posting notice shall be removed after the date of the hearing. The Zoning Department shall provide the posting notice to the applicant no later than 15 days prior to the meeting date.
- 6. Site plan must be drawn to scale by a Registered Engineer of Registered Land Surveyor, showing existing and proposed structures. (E.g., houses, septic systems, setbacks, buffers, etc.)
- 7. Applicant must submit a detailed narrative covering all aspects and reasons why the variance/appeal/special use permit is being sought. Applications that do not address all of the standards for variances listed in Division 7.2.140 (D) (1) (A) (B) (C) (D) (E) (F) (G) and (H), (See attached excerpt of the (Comm. Dev. Code) will not be heard. PLEASE NOTE: It will not be the responsibility of the staff to ensure all of the standards are addressed.
- 8. 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.
- 9. The applicant or any party of interest may appear in person or by agent or 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.
- 10. The hearing will be held in the Administration Building, County Council Chambers, 100 Ribaut Road. Beaufort.



## BEAUFORT COUNTY – ZONING BOARD OF APPEALS APPLICATION FOR VARIANCE

**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.

1.	Property Owner Name:					
	Home Phone:	Work Phone:	Email:			
2.	Applicant Name (If different): _Address:					
	Home Phone:	Work Phone:	Email:			
3.	Property Location: Tax District Street Address:	ct # Tax Map # <sub>_</sub>	Tax Parcel #			
4.	Ordinance Section from which Community Development Cod		ce is requested: cle Division(s) Tables(s)			
5.	Please describe each variance and how it differs from the requirements. (Attach additional sheets as needed):					
6.	6. What extraordinary and exceptional conditions exist that would create an extreme hardship if this variance was not granted? (Attach additional sheets as needed):					
7.	7. To avoid a variance condition, have you considered an alternate method of accomplishing what you desire that meets the intent of the ordinance? Yes ( ) No ( ) If yes, please explain:					
8.	. How would the variance not cause substantial detriment to the adjacent property or the public good, and the character of the district?					
9.	9. Length of time the property has been held/titled in applicant's name?					
10	). Is the property restricted by re		ontrary to or conflict with the re	equested permit activity?		
N	OTE: THE BOARD MAY POS ABSENCE OF THE APP		DISPOSE OF THE MATTER O	N THE AGENDA IN THE		
th	nereby agree to abide by all cor at such conditions apply to the spects this property will conforr	property and are a right or ob	oligation transferable by sale. I			
	Signature of Applicant	Pr	inted Name of Applicant	 Date		