



BERKELEY COUNTY BOARD OF ZONING APPEALS VARIANCE APPLICATION INSTRUCTIONS

ALL MEETINGS ARE HELD IN THE ASSEMBLY ROOM OF THE BERKELEY COUNTY ADMINISTRATION BUILDING LOCATED AT 1003 HIGHWAY 52 IN MONCK'S CORNER AT 6:00 P.M.

THE ATTACHED APPLICATION MUST BE FILLED OUT COMPLETELY. A \$100.00 APPLICATION FEE AND A SITE PLAN OR RECORDED PLAT MUST BE SUBMITTED BEFORE A REQUEST CAN BE PLACED ON THE BOARD OF ZONING APPEALS AGENDA.

PLEASE PRINT WITH INK TO FILL OUT 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. If parcel does not have an address the closest address near this parcel will be sufficient.

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 accessing Berkeley County GIS Internet Mapping Tool at www.gis.berkeleycountysc.gov. The Tax Map Reference Number is important because it gives the Zoning Board access to pertinent information not listed on the application.

PLAT (SURVEY) OF PROPERTY: This can be obtained from the property owner or the Register of Deeds Office in the Berkeley County Government Administration Building located at 1003 Highway 52 in Monck's Corner. 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.

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 THE PROPERTY POSTED WITH A SIGN CONCERNING THE DETAILS OF THE MEETING 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 OF ZONING APPEALS CHAIRMAN, AND ITEMS AND/OR INDIVIDUALS HE/SHE BELIEVES WILL HELP HIS/HER CASE.
4. FIVE, OF THE EIGHT APPOINTED BOARD MEMBERS, MUST BE PRESENT BEFORE ACTION CAN BE TAKEN ON THE VARIANCE, AND THE CONCURRING VOTE OF MAJORITY OF THE ZONING BOARD OF APPEALS PRESENT IS NECESSARY IN ORDER FOR AN APPEAL TO BE APPROVED.
5. NO APPEAL, HAVING BEEN DENIED, SHALL BE RESUBMITTED TO THE BOARD FOR A PERIOD OF ONE (1) YEAR, UNLESS CONDITIONS HAVE CHANGED SUBSTANTIALLY, AND THE BOARD VOTES UNANIMOUSLY TO REHEAR THE MATTER.
6. ANY PERSON WHO MAY HAVE A SUBSTANTIAL INTEREST IN ANY DECISION OF THE BOARD MAY APPEAL SAID DECISION TO A COURT OF COMPETENT JURISDICTION IN AND FOR THE COUNTY OF BERKELEY, 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.

IF FURTHER ASSISTANCE IS NEEDED, CONTACT THE ZONING DEPARTMENT AT 719-4102.



BERKELEY COUNTY BOARD OF ZONING APPEALS VARIANCE APPLICATION

GENERAL INFORMATION

APPLICANT'S NAME: _____

ADDRESS: _____

NUMBER

STREET

APARTMENT/BOX NUMBER

CITY

STATE

ZIP CODE

PHONE: _____

WORK

HOME

.....
PROPERTY OWNER'S NAME: _____

ADDRESS: _____

NUMBER

STREET

APARTMENT/BOX NUMBER

CITY

STATE

ZIP CODE

PHONE: _____

WORK

HOME

(If being asked for more than one lot, please 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: _____

RELEVANT FACTORS PERTAINING TO THE VARIANCE

1. I (we) have made application for a permit to: _____

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 Berkeley County 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 sufficient answer addressing the applicable hardship must be provided for all these questions or the request is not eligible for a variance)*:

a. There are extraordinary and exceptional conditions pertaining to the particular piece of property as follows (This question relates to the size, shape and topography issues that prevents compliance with the ordinance):

b. These conditions do not generally apply to other property in the vicinity as shown by (This question relates to the unusual conditions that apply to only this property that prevents compliance with the ordinance):

c. Because of these conditions, the application of the ordinance effectively prohibit, or unreasonably restrict the utilization of the particular piece of property as follows (This question relates to the reasons why the ordinance harms the property's current or future use):

d. 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 (This question relates to how the ordinance or adjacent property owners will not be negative impacted by the variance if granted):

If you are submitting any additional documents, please list what they are: _____

I understand that I will be asked to speak on behalf of my request and that I, or a representative will need to be in attendance. If for some reason I or a representative will not be able to attend the scheduled meeting, I must submit a written request for deferral to another date, or withdraw my application, if I do not want my application considered by the Zoning Board of Appeals.

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.**

OFFICE USE ONLY

AMOUNT PAID: _____ CHECK #: _____ CASH AMOUNT: _____

DATE RECEIVED: _____ RECEIPT NUMBER: _____

DATE FILED: _____ MEETING DATE: _____

ACCEPTED BY:

ZONING OFFICIAL DATE