



Town of Surfside Beach Board of Zoning Appeals
Application for Variance, Special Exception or Appeal of
Administrative Official Decision

843-913-6341(Phone) 843-839-0057(Fax)

OFFICE USE ONLY

Application #:
Date Filed:
Appeal No.:
Meeting Date:

Instructions - Submit this application, along with the required information and fee, to the Planning, Building & Zoning Department at 115 Hwy. 17 North, Surfside Beach, SC 29575. Applications are due 30 days prior to the scheduled meeting date and must be complete to be accepted and placed on the agenda. A sign will be posted on the property, and the public hearing will be conducted by the Board of Zoning Appeals.

THE APPLICANT HEREBY REQUESTS:

- A Variance as indicated on page 2 of this application (complete pages 1 & 2 only)
A Special Exception as indicated on page 3 of this application (complete pages 1 & 3 only)
An Appeal of a decision of the administrative official as indicated on page 4 of this application (complete pages 1 & 4 only)

Property Address TMP#
Property Owner Daytime Phone
Applicant Daytime Phone
Applicant's Mailing Address
E-Mail Address

Relationship of applicant to owner (same, representative, prospective buyer, other)

Zoning of Property Commercial Residential Planned Development

Information required with application: (Check information submitted)

- Scaled plan(s) or plat(s), including elevations of structures and locations of structures (proposed and existing) showing the variance(s) or special exception(s) being requested
Stamped envelopes addressed to property owners within 150 ft. of the property requesting the variance or special exception. The return address of all the envelopes should be labeled as: Planning, Building & Zoning Dept. 115 Hwy. 17 N. Surfside Beach, SC 29575
A list of same property owners on a separate piece of paper for the Planning, Building and Zoning Department file.
Filing fee of \$200.00

DESIGNATION OF AGENT [Complete only if owner is not applicant]:

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this application.

Owner Signature

Date

Owners Signature

I hereby certify that the information on this application and any attachments is correct, that the proposed improvement(s) comply with private neighborhood covenants, if there is any, and that I am the owner of the subject property or the authorized agent of the owner. I authorize the subject property to be posted with a notice of the Board hearing and inspected.

Date

Owners / Authorized Agent Signature

**VARIANCE FORM**

1. Applicant hereby appeals to the Board of Zoning Appeals for a variance from the strict application of the ordinance applicable to the property described on page 1 of this document of the following provisions of the Zoning Ordinance: \_\_\_\_\_

\_\_\_\_\_ so that a zoning permit may be issued to allow use of the property in a manner shown on the attached scaled plan or plat, described as follows: \_\_\_\_\_

\_\_\_\_\_ For which a permit has been denied by the Development Administrator on the grounds that the proposal would be in violation of the cited section(s) of the Zoning Ordinance.

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 do not generally apply to other property in the vicinity as shown by:

\_\_\_\_\_

c. Because of these conditions, the application of the ordinance to the particular piece of property would effectively prohibit or unreasonably restrict the utilization of the property as follows:

\_\_\_\_\_

d. The authorization of the variance will not be of substantial detriment to the adjacent property(ies) or the the public good, and the character of the district will not be harmed by the granting of the variance for the following reasons: \_\_\_\_\_

\_\_\_\_\_

3. The following documents are submitted and attached in support of this application:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Date



**APPEAL OF A DECISION OF THE ADMINISTRATIVE OFFICIAL FORM**

This form is to be used to appeal a decision of the Administrative Official which the appellant believes to be contrary to the meaning of the Zoning Ordinance.

Applicants appealing the decision of the Administrative Official where it is alleged there was an error in any order, requirement, decision, or determination made must submit the following information with the Application and fee to the Planning, Building and Zoning Department at 115 Hwy. 17 N. Surfside Beach, SC 29575.

It is the power of the zoning Board of Appeals to hear and decide appeals where it is alleged there is error in an order, requirement, decision, or determination made by an administrative official in the enforcement of the Zoning Ordinance.

**Explain Appeal:**

Decision of the Zoning Administrator in which you are appealing (Include Section of Zoning Ordinance):

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Please explain the reasons you feel the decision is contrary to the meaning of the Zoning Ordinance.

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If you are requesting multiple appeals you must file each appeal separately.

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the Administrative Official erred in an order, requirement, decision, or determination rest with the applicant.

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Signature of Applicant/Owner

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Date