

Notice of Appeal – Form 1
Board of Zoning Appeals
County of Clarendon

Date Filed: _____ Appeal Application Fee: \$ 300.00 Appeal No. _____

Instructions

This form must be completed on a hearing on **appeal** from action of a zoning official, application for a **variance**, or application for **special exception**. Entries must be printed or typewritten. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent.

An accurate, legible plot plan showing property dimensions and locations of all structures and improvements must be attached to an application for variance or special exception.

THE APPLICANT HEREBY APPEALS [indicate one]:

- from action of a zoning official as stated on attached Form 2.
- for a variance as stated on attached Form 3.
- for a special exception as stated on attached Form 4.

APPLICANT(S) [print]:

Address: _____

Telephone: _____ [work] _____ [home]

Email Address: _____

Interest: _____ Owner(s): _____ Adjacent Owner(s); Other: _____

OWNER(S) [if other than Applicant(s): _____

Address: _____

Email Address: _____

Telephone: _____ [work] _____ [home]

[Use reverse side if more space is needed]

PROPERTY ADDRESS:[E-911] _____

Lot _____, Block _____, Subdivision _____

Tax Map Number _____

Lot Dimensions: _____ Acreage: _____

Zoning District: _____

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.

Date: _____

Owner Signature(s)

I (we) certify that the information in this application and the attached Form 2, 3, or 4 is correct.

Date: _____

Applicant Signature(s)
