

It Starts With



**CITY OF TRAVELERS REST
APPLICATION TO BOARD OF ZONING APPEALS**

6711 State Park Road
Travelers Rest, S.C. 29690

Docket #: _____ Application Fee/Receipt: _____

Advertised: _____ Date of Public Hearing: _____

Property Posted: _____ Approved: _____ Denied: _____

1. Applicant Name (Owners): _____ Telephone #: _____

Address: _____

City/State/Zip: _____

2. Other Applicant Name: _____ Telephone #: _____

Address: _____

City/State Zip: _____

3. Property Location: _____

Tax Map #: _____

Present Zoning Classification: _____

Current Use of Property: _____ Proposed Use of Property: _____

Complete the following, if applicable:

a. Action Appealed from _____

b. Specific variance sought _____

Reasons for variance, including hardship or difficulty _____

- c. Use sought _____
- d. Interpretation of: _____ boundary
_____ other
-

4. Application for: a. _____ Appeal from Zoning Administrator
b. _____ Variance
c. _____ Use Permitted On Review
d. _____ Interpretation

5. Two copies of the following information, at scale of not less than 1" = 100' are provided:

- _____ Shape and dimensions of the lot on which the proposed building is to be erected or conducted.
- _____ Location of the lot with respect to adjacent rights of way.
- _____ Setback line of buildings on adjoining lots.
- _____ Shape, dimensions, location of all buildings, existing and proposed, on the lot.
- _____ The nature of the proposed use of the building or land.
- _____ Location and dimensions of off-street parking and the means of egress and ingress to such space.
- _____ Other: _____

6. Has any application involving this property been submitted to the Zoning Board of Appeals before?

_____ Yes _____ No If so, please include Docket Number _____

The undersigned represents that he is _____ (owner, authorized representative of the owner) in the foregoing application; further, that no persons other than those identified as the owner and/or other applicant have an interest in the property which is the subject of this application. The undersigned requests that all public hearings held by the Board of Zoning Appeals _____ be _____ not be recorded by a shorthand reported (if reporter is requested, an additional application charge of \$100.00 is applicable, paid with the application, if reporter is not requested, the reporter and a verbatim transcript of proceedings is expressly waived and the applicant agrees that the furnishing of magnetic tape recording and/or a summary transcript of the hearings for use of the applicant will discharge all obligations of the Zoning Board of Appeals in connection with any appeals from the action of the Zoning Board of Appeals.

Signature _____

Date _____