

Town of St. George
APPEAL / VARIANCE REQUEST
APPLICATION

Instructions: Applicants must complete and submit this form and fee with all the required information to the Town of St. George 305 Ridge Street St. George, SC 29477. **Appeals:** Any person who feels an injustice has been done from a decision or interpretation made by the Zoning Administrator may initiate an Appeal. An Appeal shall be commenced within 15 days following a receipt of a written decision from the Zoning Administrator. The Zoning Administrator will have (7) days to investigate the matter and attempt to amend the decision. Should the Applicant need additional consideration, the Zoning Administrator will forward the Appeal to the Board of Zoning Appeals for their review and decision. **Variations:** Any property owner who feels they should be exempt from a provision of the Zoning Ordinance may request a Variance. The Zoning Administrator will have (7) days to investigate this matter and either resolve the Variance or refer it to the Board of Zoning Appeals for their review and decision.

Office Use Only

Board of Zoning Appeals Meeting Date: _____

Property location/address: _____ TMS# _____ Zoning: _____

Variance Request for: _____

Variance Requested for: Front Setback Rear Setback Side Setback Lot Size Other _____

Appeal Requested for: _____

Property location/address: _____ TMS# _____ Zoning: _____

Property Owner: _____

Applicant: _____

Applicant Address: _____

Daytime Phone(s): _____ Fax No.: _____

Applicants Relationship: (If Not Property Owner)

Attorney Design Professional Contractor Real Estate Agent Other _____

Required Application Information: Recorded Plat of Property Tree Survey

❖ An Application is not complete until all required information is submitted.

I hereby acknowledge by my signature that the forgoing application is complete and accurate and I am the owner of the subject property or the authorized representative of the owner. I authorize the subject property to be posted and/or inspected. All fees are non-refundable.

Applicant Signature: _____ Date: _____

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Date Received: _____ Fee: _____ Cash/Check#: _____ Rcpt#: _____ Staff: _____