

# Kershaw County Planning and Zoning Department

515 Walnut Street, Room 160, Camden, SC 29020 803-425-7233



## PETITION TO PLANNING AND ZONING COMMISSION APPLICATION FOR ADMINISTRATIVE APPEAL

### INSTRUCTIONS

An appeal of a decision of the Planning and Zoning Director, County Engineer, or other County official made under a provision or regulation of Article 5, Land Development Regulations, shall be made to the Planning and Zoning Commission. The appeal must be filed within sixty (60) days after actual notice of the administrative decision, and shall be heard at the next regular Planning and Zoning Commission meeting scheduled at least thirty (30) days after the appeal is filed.

The Planning and Zoning Commission considers appeals at its meetings on the second Thursday of each month. The meetings are held in Council Chambers, Kershaw County Government Center, 515 Walnut Street, Camden, SC at 5:30 p.m. The applicant and/or owner(s) will be notified of the specific date that the request will be heard. This application for appeal must be neatly printed or typed, completed in full, and returned to the Planning and Zoning Department at the Kershaw County Government Center, Room 160, 515 Walnut Street, Camden, SC 29020. It must be accompanied by:

- A non-refundable filing fee of \$200 which is required to process this application. Checks are to be made payable to Kershaw County.
- Additional information, if requested by the Kershaw County Planning and Zoning Department.

If the subject property is owned by more than one person, each owner must be listed. If the applicant is not the property owner, the property owner must complete and notarize the Designation of Agent Form. If the property is owned by more than one person, each owner must complete and notarize a separate Designation of Agent Form. An additional form is provided on the last page of this application and may be duplicated if necessary.

All data and exhibits found herein or appended to this application shall be deemed to be public record.

## PETITION TO PLANNING AND ZONING COMMISSION APPLICATION FOR ADMINISTRATIVE APPEAL

DATE:	REQUEST NO.:
I, _____ hereby make application to the Kershaw County Planning and Zoning Commission to appeal the decision of _____.	

### REQUEST FOR APPEAL

The purpose of this appeal is to allege that there is an error in the order, requirement, decision, or the determination made by the above official as described below (Attach additional material as necessary.):

As per the South Carolina Local Government Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is/are this/these tract(s) or parcel(s) restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with, or prohibits the proposed land use? Yes [  ] No [  ]. If so, submit a copy with this application.

**PROPERTY OWNER** (If property is owned by more than one person, each owner must be listed. An additional form is provided at the end of this application and may be duplicated in order to list all owners.)

NAME:	E-MAIL:		
MAILING ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:	CELL:	FAX:	

**APPLICANT** (if other than property owner)

NAME:	E-MAIL:		
MAILING ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:	CELL:	FAX:	

If applicant is other than owner, state applicant's interest in the proposed appeal:

**DESIGNATION OF AGENT** (To be completed by owner, if owner is not applicant. If property is owned by more than one person, each owner must complete a separate Designation of Agent Form. An additional form is available at the end of this application and may be duplicated in order to list all owners. The signature of each owner must be notarized.)

I, _____ (PROPERTY OWNER) hereby appoint _____ (APPLICANT)	
as my agent to represent me in this request for appeal.	
Owner's signature: _____	Date: _____
Given under my hand and seal, this _____ day of _____, 20____	
_____ (Seal)	
Notary Public for South Carolina	
My commission expires on _____ day of _____, 20____	



## ADDITIONAL PROPERTY OWNER AND DESIGNATION OF AGENT FORM

(May be duplicated if needed for additional property owners.)

### PROPERTY OWNER FORM (To be completed by each owner if property is owned by more than one person.)

NAME:	E-MAIL:		
MAILING ADDRESS:	CITY:	STATE:	ZIP:
TELEPHONE:	CELL:	FAX:	

### DESIGNATION OF AGENT FORM (To be completed by each owner if property is owned by more person.)

<p>I, _____ (PROPERTY OWNER) hereby appoint _____ (APPLICANT) as my agent to represent me in this request for appeal.</p> <p>Owner's signature: _____ Date: _____</p> <p>Given under my hand and seal, this _____ day of _____, 20____</p> <p>_____ (Seal)</p> <p>Notary Public for South Carolina</p> <p>My commission expires on _____ day of _____, 20____</p>
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