

Kershaw County Planning and Zoning Department

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



PETITION TO BOARD OF ZONING APPEALS APPLICATION FOR ADMINISTRATIVE APPEAL

INSTRUCTIONS

The Board of Zoning Appeals possesses the powers and duties to hear and decide appeals where it is alleged there is error in any order, requirement, decision, or determination made by the Planning and Zoning Official in the enforcement of Article 3, Zoning Regulations, of the Kershaw County Code of Zoning and Land Development Regulations (ZLDR). In exercising the above powers, the concurring vote of two-thirds of the members present and voting shall be required to reverse or affirm, wholly or in part, or modify any order, requirement, decision, or determination of the Planning and Zoning Official, or to decide in favor of the applicant on any matter upon which it is required to pass under Article 3 of the ZLDR, and to that end, shall have the powers of the officer from whom the appeal is taken and may direct the issuance of a permit.

A property owner and/or his agent shall first submit an appeal petition to the Kershaw County Board of Zoning Appeals. The Board of Zoning Appeals must hold a public hearing and then make a determination on the appeal. The applicant and/or agent may appear at the hearing to present the case. After the hearing, the applicant will be notified of the action by the Board. From start to finish, the process takes approximately four weeks.

The Board of Zoning Appeals considers appeals at its meetings on the first Tuesday of each month. The meetings are held on an "as needed" basis in Council Chambers, Kershaw County Government Center, 515 Walnut Street, Camden, SC at 5:30 p.m. Applicant and/or owner(s) will be notified of the specific dates that the request will be heard. Appeals to the Board must be submitted within 30 days of the date of the action which is appealed, and at least one calendar month prior to the Board of Zoning Appeals meeting in which it is to be considered.

This application for appeal must be neatly printed, 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:

- One copy of the property's recorded deed obtained from the Kershaw County Register of Deeds, Kershaw County Government Center, Room 180, 515 Walnut Street, Camden, SC 29020.
- One copy of the recorded plat obtained from the Kershaw County Register of Deeds.
- A non-refundable filing fee of \$200 which is required to process this application and cover advertising costs incurred for the public hearing. 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. Additional form is provided on the last page of this application.

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

Kershaw County Planning and Zoning Department

515 Walnut Street, Room 160, Camden, SC 29020 803-425-1500, Ext. 5340



PETITION TO BOARD OF ZONING APPEALS APPLICATION FOR ADMINISTRATIVE APPEAL

DATE:	REQUEST NO.:
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I, _____ hereby make application to the Kershaw County Board of Appeals 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.)

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:

PROPERTY LOCATION

STREET ADDRESS:		COMMUNITY/SUBDIVISION:		
TMS#:		PROPERTY AREA:		acres
DEED BOOK:	PLAT BOOK:	SEWER DISTRICT:	WATER DISTRICT:	
CURRENT USE:		PROPOSED USE:		

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.

Has a previous appeal been made for all or any part of this property? Yes [] No [] If yes, when?

THE APPLICANT IS:	PROPERTY OWNER []	AGENT OF PROPERTY OWNER []	OPTION HOLDER []
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DESIGNATION OF AGENT (To be completed by owner, only if owner is not applicant. If property is owned by more than one person, each owner must complete a 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 administrative 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____

APPLICANT'S SIGNATURE:

DATE:

ADDITIONAL PROPERTY OWNER AND DESIGNATION OF AGENT FORM

(To 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 owner is not the applicant.)

I, _____ (PROPERTY OWNER) hereby appoint _____ (APPLICANT)
as my agent to represent me in this request for administrative 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____