

APPEAL APPLICATION

Community & Economic Development Department 1911 Boundary Street, Beaufort, South Carolina, 29902 p. (843) 525-7011 / f. (843) 986-5606 Email: development@cityofbeaufort.org / www.cityofbeaufort.org

Application Fees: \$300

Receipt #_____

OFFICE USE ONLY:	Date Filed:	Application #:	Zonin <u>g District:</u>
		be printed or typewritten. If the applie t, the owner(s) must sign the Designa	cation is on behalf of the property owner(s), all owners tion of Agent (below).
	isting and proposed s	structures and any improvements rele	legible site plan showing the north arrow, dimensions, evant to the appeal such as trees, fences, power lines. Six
			tract or parcel restricted by any recorded bed in this application? Yes No
Applicant, Owner	and Property Info	ormation_	
Applicant Name:			
Applicant Address:			
Applicant E-mail:		Applica	nt Phone Number:
Owner (if other than	the Applicant):		
Owner Address:			
Owner E-mail:		Owner Phone Nu	umber:
Property Address:			
, ,			
DESIGNATION OF AC	ENT [complete only	vif owner is not applicant]	
I (we) here by appoir	nt the person name	d as Applicant as my (our) agent to	represent me (us) in this application.
Date:		Owner's Signatu	are:



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Required Application Information

	icant hereby appeals to ribed on page 1 on the	the Board of Zoning Appeals from the action of the Zoning Official affecting the property grounds as follows:	
	granting	denial (check one) of an application for a permit to	
		was erroneous and contrary to provisions for the Beaufort Code in Section	
		or other action or decision of the Zoning Official was erroneous as follows:	
1.	Applicant is aggrieved by the action or decision in that:		
2.	Applicant contends the	hat the correct interpretation of the zoning ordinance as applied to the property is:	
3.	Applicant request the	e following relief:	
I (W	We) certify that the info	ormation in this application is correct.	
Dat	e:	Owner's Signature:	