



Town of
Kingstree

Kingstree Planning & Building
Department
401 N. Longstreet Street
Kingstree, SC 29555
Phone: 843-355-7484

Form

A_{BZA}

**Appeal
Application**
(August 2012)

Instructions to Applicant: This application is used to appeal decisions made by the Zoning Administrator. Under the Kingstree Zoning Ordinance, and as authorized by the state code, the Kingstree Board of Zoning Appeals has the power to reverse or affirm, wholly or in part, or may modify the orders, requirements, decisions, or determinations of the Zoning Administrator (or other administrative official acting under the town's zoning ordinance). An appeal requires that the board conduct a hearing and make specific findings of fact. Because a public hearing is required, applicants should anticipate a review period of not less than thirty (30) days. You will be notified once a hearing date for your request has been set by the board.

Type or print all answers on this application. Any additional information or supplemental exhibits you believe the board should consider as part of your request may be attached to this application form. A nonrefundable fee of \$100.00, payable to the Town of Kingstree, must be submitted along with the completed application.

Block A: Applicant Information

A1	Applicant name:	Last Name		First Name	Middle Initial
A2	Primary person or agent to be contacted concerning this application:	Last Name		First Name	Middle Initial
A3	Primary contact or agent information:	Mailing address			
		Telephone number			
		Fax number			
		Email address			
A4	Is there any other person that we may contact if we have questions? If yes, please include contact information:				

Block B: Property Information

B1	Property address and tax map number of affected property (if applicable):	
B2	Address and name of affected property owner (if applicable):	

**Block C: Description and Basis for Appeal**

In this section, you will describe and establish the basis for your appeal. Please complete this section in its entirety as your responses will be considered by the board in determining whether to affirm, reverse, or modify the decision you are appealing. If additional information or exhibits are required, please reference in the sections below and attach to this application form.

C1 The applicant appeals to the Kingstree Board of Appeals from the action(s) of the Zoning Administrator as described below:

Note: Please attach any written correspondence from the Zoning Administrator which states the order, requirement, decision, or determination from which your appeal is taken.

C2 The applicant is aggrieved by the action or decision in that:

C3 The applicant contends that the correct interpretation of the Kingstree Zoning Ordinance as applied to this property or situation is:

C4 The applicant requests the following relief:



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Certification of Applicant and Authorized Agent

I hereby certify that the information that I have supplied as part of this application is true and correct to the best of my knowledge.

Applicant's Name (Print)

Signature

Date

Agent's Name (if applicable)

Signature

Date

Note: The applicant and, when applicable, the authorized agent(s) must sign the application form. Agents must attach a signed statement from the applicant authorizing them to make representations and take other actions related to this application.

FOR INTERNAL USE ONLY

DATE COMPLETE APPLICATION SUBMITTED:		Zoning Administrator Notes
APPLICATION/ CASE NUMBER:		
Submission Checklist	Initial & Date	
Complete Application		
\$100.00 Fee		
Processing Checklist	Initial & Date	
Meeting Scheduled		
Notice of Meeting Sent to Applicant/Parties of Interest		
Letters to Departments		
Staff Report & Meeting Packet Mailed		
Meeting Room/Bulletin Board Notice		
Approval & Certifications	Initial & Date	
Decision was AFFIRMED, REVERSED, or MODIFIED (circle applicable)		
Findings of Fact Signed by Chairman		
Letter of BZA Decision Mailed to Applicant/Parties of Interest		



KINGSTREE

BLACK RIVER

1732

1866

UNITAS

SOUTH CAROLINA