BEAUFORT COUNTY - ZONING BOARD OF APPEALS
APPLICATION FOR APPEALS (Administrative Interpretations)

INSTRUCTIONS:

Please fill out this application form completely. Attach any pertinent materials that may help the board members to better understand your request, i.e. photos, maps, drawings, etc. Failure to follow these instructions may result in rejection of your application.

1. Applicant Name _____
   Address: _____
   Home Phone: _____ Work Phone: _____
   Email: _____

2. Property Location (If Applicable): Tax District # _____ Tax Map # _____ Tax Parcel # _____ Lot # _____
   Street Address: _____

3. Ordinance Section from which appeal is requested:
   Community Development Code: Article _____ Division(s) _____Tables(s) _____

4. Please state the nature of your appeal. (Attach additional sheets as needed): _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

5. Please state your interpretation, and how if differs from that of the Director: _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

6. Date the interpretation was granted/received by applicant: _____

NOTE: THE BOARD MAY POSTPONE OR PROCEED TO DISPOSE OF THE MATTER ON THE AGENDA IN THE ABSENCE OF THE APPLICANT.

I hereby agree to abide by all conditions imposed by the County of Beaufort in the approval/disapproval of this appeal.

_____	_____	_____
Signature of Applicant	Printed Name of Applicant	Date