

BEAUFORT COUNTY – ZONING BOARD OF APPEALS APPLICATION FOR VARIANCE

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.	Property Owner Name:				
	Address:				
2.	Applicant Name (If different):Address:				
	Home Phone: Work Phone:				
3.	Property Location: Tax District # Street Address:			Lot #	
4.		rdinance Section from which variance is requested: ommunity Development Code: Article Division(s) Tables(s)			
5.	Please describe each variance and how it differs from the requirements. (Attach additional sheets as needed):				
6.	What extraordinary and exceptional conditions exist that would create an extreme hardship if this variance was not granted? (Attach additional sheets as needed): To avoid a variance condition, have you considered an alternate method of accomplishing what you desire that meets the intent of the ordinance? Yes () No () If yes, please explain:				
7.					
8.	How would the variance not cause substantial detriment to the adjacent property or the public good, and the charac of the district?				
9.	Length of time the property has been I	held/titled in applicant's nam	e?		
10). Is the property restricted by recorded () YES () NO	covenants that are contrary	to or conflict with the requ	ested permit activity?	
N	OTE: THE BOARD MAY POSTPONE ABSENCE OF THE APPLICANT		E OF THE MATTER ON	THE AGENDA IN THE	
th	nereby agree to abide by all conditions i at such conditions apply to the property spects this property will conform to all c	and are a right or obligation			
	Signature of Applicant	Printed N	ame of Applicant	 Date	