



Office Use Only	Date Received: _____	Case Number: _____
	Staff Initial: _____	Invoice #: _____

TOWN OF BLYTHEWOOD | ZONING DIVISION
 171 Langford Rd. | Blythewood, SC 29016
 Office: 803-754-0501 | E-mail: yarboroughs@townofblythewoodsc.gov

VARIANCE REQUEST APPLICATION
 TOWN OF BLYTHEWOOD
 BOARD OF ZONING APPEALS

Property Information

Address of Subject Property: _____

Tax Map Number(s): _____ Zoning District: _____ Overlay District: _____

Current Use of Property: _____

Estimated Value of Project: _____ Type of Development: _____

Applicant Information

Applicant: _____

Name of Company (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: _____

Are you the Property Owner? Yes No *If No, please complete the following section and obtain a proper signature*

As the property owner, I hereby appoint the above listed applicant as my agent to represent myself in this application.

Signature of Property Owner: _____ Date: _____

Print Name of Property Owner: _____

Mailing Address: _____

E-mail Address: _____ Phone: _____

Description of Request: *Please describe your proposal in detail. You may attach a separate sheet if necessary. Additionally you may provide any supporting materials that are applicable to your request (i.e. photographs, site plan, plat of property, etc).*

Code Section from which a Variance is Requested:

Please provide the specific section of the Town of Blythewood Zoning Ordinance of which a variance is being requested for. To find the applicable section please see Chapter 155 of the Town of Blythewood Code of Ordinances, which is available online at http://library.amlegal.com/codes/client/blythewood_sc/.

What is the section of the Zoning Ordinance from which a variance is being requested? (ex. 155.428)

What is the requirement of this section?

What is your alternative proposal?

Please Note: Applicants must fully complete applications and submit by the application deadline (please refer to the official BOZA Calendar of Regular Meetings, available on our web site <http://www.townofblythewoodsc.gov/>). Any failure to submit a complete application or to provide requested documentation may result in applications being returned, withdrawn, or their case to be scheduled at a later date. An application is not complete unless all applicable sections are answered and the associated fee is provided.

CASE #: _____

It is strongly encouraged that all applicants contact and schedule a pre-application meeting with Zoning Staff prior to submitting their application. Although it is not required it can be beneficial for both staff and the applicant. To schedule a meeting please contact our Zoning staff at 803-754-0501.

Applicant Response to Section 155.466(B)2:

Please specifically explain how you satisfy the following CRITERIA FOR A VARIANCE (see section 155.466(B)2. of *The Town of Blythewood Zoning Ordinance* which can be found online at http://library.amlegal.com/codes/client/blythewood_sc/). The Board of Zoning Appeals shall approve an application for a variance only upon finding that the following criteria are met. The members of the Board will use your answers, among other things, as they evaluate your application. You may attach a separate sheet if necessary.

1. Describe the extraordinary and exceptional conditions (such as size, shape, topography, etc.) that pertain to the subject property.

2. Describe how the conditions noted above do not generally apply to other property or structures in the vicinity.

3. Describe the ways in which the application of the requirement(s) of the Zoning Ordinance effectively prohibit or unreasonably restrict the utilization of the subject property.

4. Describe the ways in which authorization of the variance will not be of substantial detriment to adjacent property or to the public good, and the character of the district will not be harmed by the granting of the variance.

5. Explain how the effect of the variance would not allow the establishment of a use not otherwise permitted in the zoning district; would not extend physically a nonconforming use of the land; would not change the zoning district boundaries shown on the official zoning map.

APPLICATION FEE: *Please attach the required application fee upon submittal of this application*

Fee	\$100.00
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By signing below, I, the applicant, understand and/or acknowledge

1. I have completely read this application and understand all that it includes.
2. While the members of the Board of Zoning Appeals will carefully review and consider this application, the burden of proving conformance with the criteria for grant of variance rests with me.
3. The Board of Zoning Appeals conducts public hearings on the second Monday of each month at Doko Manor, 100 Alvina Hagood Cir, Blythewood, South Carolina, 29016.
4. The proposed use and construction complies or will comply with all other requirements of the Town of Blythewood Zoning Ordinance.
5. The Board of Zoning Appeals will render a written order regarding my application as soon as possible following the public hearing.
6. Any time frames related to an appeal of a decision of the Board of Zoning Appeals shall start from the date that the written and signed Order of the Board is mailed to the applicant.
7. As the applicant I affirm that the tract or parcel of land subject of this application is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the requested activity. ([See Section 6-29-1145 of the South Carolina Code of Laws](#))

Signature _____ Print Name _____

Date _____

Please Note: *Incomplete applications will not be accepted. Failure to complete an application may result in applicant's case being rescheduled.*