



**Application for a Variance
\$50 Application Fee**

Applicant

Name _____

Mailing Address _____

Telephone Number _____ Email Address _____

Property Owner (if other than Applicant)

Name _____

Mailing Address

Telephone Number _____ Email Address _____

Property Information

Address _____

Tax Map Number _____ Existing Zoning _____

Current Use of Property _____

Acres: _____ Lot Dimensions _____

Adjacent Properties

<u>Owner</u>	<u>Use</u>	<u>Mailing Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, hereby petition the Board of Zoning Appeals/Board of Architectural Review for a variance from the literal of provisions of the City of Pickens Zoning Ordinance because, I am prohibited from using the parcel of land described in this form in a manner shown.

I request a variance from the following provisions of the Ordinance (conditions of property such as size, shape or topography) : _____

So that the above listed property can be used in a manner described below: _____

Factors Relevant to the Request

Reasons for request : _____

I certify that all of the information presented by me in this application is accurate to the best of my knowledge and belief.

Signature _____ Date _____

Checklist

- _____ \$ 50 Fee
- _____ seven (7) copies of the current plat of the property
- _____ a legal description of the property

For Office Use Only

Application Number _____
Fee \$ _____
Completed Application Received _____
Date of BZA/BAR Meeting _____
Date of Public Hearing _____
BZA/BAR Approved _____ BZA/BAR Disapproved _____
Approval Signature: _____

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