

**YORK COUNTY
ZONING BOARD OF APPEALS
VARIANCE APPLICATION INSTRUCTIONS**

ALL MEETINGS ARE HELD IN THE LARGE CONFERENCE ROOM OF BUILDING NUMBER ONE (1) IN THE YORK COUNTY OFFICE COMPLEX LOCATED ON HECKLE BOULEVARD IN ROCK HILL AT 6:00 P.M.

THE ATTACHED APPLICATION MUST BE FILLED OUT COMPLETELY. A \$300.00 APPLICATION FEE, AND A PLAT (SURVEY) MUST BE SUBMITTED BEFORE A REQUEST CAN BE PLACED ON THE ZONING BOARD OF APPEALS AGENDA.

PLEASE PRINT WITH INK OR USE A TYPEWRITER TO FILL OUT FORMS.

THE FOLLOWING INFORMATION CORRESPONDS WITH THE VARIANCE APPLICATION. THESE INSTRUCTIONS ARE PROVIDED TO AID THE INDIVIDUAL IN UNDERSTANDING WHICH INFORMATION IS NEEDED.

GENERAL INFORMATION:

APPLICANT: This is the person who will represent the property owner(s) at the public hearing. Fill in name, full address, and phone numbers.

PROPERTY OWNER: This is the person that is listed with the tax assessor as the property owner. Fill in name, full address, and phone numbers.

PROPERTY INFORMATION:

PROPERTY ADDRESS: Give the address of the property. The address can be obtained from the York County Addressing Department at 909-7228.

PROPERTY DIRECTIONS: Give specific directions to the property. Begin with a major, heavily traveled road. Landmarks, directional language (north, south, etc.) and distances should be included.

PROPERTY CONDITIONS: Explain the landscaping and topography of the land. Examples: partially wooded and sloping from rear to front, or front no trees and flat, back wooded and rolling.

PROPERTY TAX MAP #: The Tax Map Number can be found on the property tax notice or it can be obtained by calling 684-8526. The Property Tax Map Reference Number is important because it gives the Zoning Board access to pertinent information not listed on the application.

PLAT (SURVEY) OF PROPERTY: This can be obtained from the property owner or the Clerk of Courts Office in the York County Courthouse. Indicate, on the plat, the approximate location and distance of all structures and dwellings in relation to all property lines. If a plat does not exist, the deed that indicates property line distances (metes and bounds) will be accepted.

LOT AREA: In this space provide the size (area) of the lot. You may use either acres or square feet.

ZONING DISTRICT: Fill in the Zoning Classification(s) that cover the property. This information can be obtained from the Zoning staff.

USE OF PROPERTY: Describe, in general terms, the current use of the property.

FACTORS RELEVANT TO THE REZONING REQUEST:

APPLICATION INFORMATION: Explain in detail, the provisions (requirements) from which relief is being sought. Example: Setbacks, reduced to five (5) feet, parking spaces reduced to ten (10), etc.

EXPLANATION OF HARDSHIP: Answer the questions in this section carefully, and be very specific in your answer. If more space is needed, use a separate sheet of paper.

SUPPORTING DOCUMENTATION: List addendums, petitions, pictures, etc., that the applicant will be submitting into the record at the meeting or has been included in the application packet.

APPLICANT'S SIGNATURE: The applicant must sign the form certifying the information is correct; and must be signed even if applicant is the owner.

OWNER'S SIGNATURE: This section must be signed by the property owner. Notarized written authorization from the property owner giving the applicant permission to act of his/her behalf can be substituted for property owner's signature.

ADDITIONAL INFORMATION

1. HARDSHIP RESULTING FROM FINANCIAL DIFFICULTY, AND THE APPLICANT'S OWN ACTIONS ARE GENERALLY NOT SUFFICIENT CAUSE FOR THE BOARD TO GRANT A VARIANCE.
2. ALTHOUGH THE APPEAL WILL BE ADVERTISED IN THE LOCAL NEWSPAPER, AND NOTIFICATION, CONCERNING THE MEETING, SENT TO ALL PROPERTY OWNERS THAT ARE DIRECTLY ADJACENT TO THE REQUEST, THE ZONING STAFF STRONGLY RECOMMENDS THAT ALL NEIGHBORS AND PROPERTY OWNERS BE CONTACTED, BY THE APPLICANT, BEFORE THE APPLICATION IS SUBMITTED.
3. THE APPLICANT MAY PRESENT, PER DISCRETION OF THE ZONING BOARD OF APPEALS CHAIRMAN, AND ITEMS AND/OR INDIVIDUALS HE/SHE BELIEVES WILL HELP HIS/HER CASE.
4. FOUR, OF THE SEVEN APPOINTED BOARD MEMBERS, MUST BE PRESENT BEFORE ACTION CAN BE TAKEN ON AN APPEAL, AND THE CONCURRING VOTE OF MAJORITY OF THE ZONING BOARD OF APPEALS PRESENT IS NECESSARY IN ORDER FOR AN APPEAL TO BE APPROVED.
5. NO APPEAL, HAVING BEEN DENIED, SHALL BE RESUBMITTED TO THE BOARD FOR A PERIOD OF ONE (1) YEAR, UNLESS CONDITIONS HAVE CHANGED SUBSTANTIALLY, AND THE BOARD VOTES UNANIMOUSLY TO REHEAR THE MATTER.
6. ANY PERSON WHO MAY HAVE A SUBSTANTIAL INTEREST IN ANY DECISION OF THE BOARD MAY APPEAL SAID DECISION TO A COURT OF COMPETENT JURISDICTION IN AND FOR THE COUNTY OF YORK, FILING WITH THE CLERK OF SUCH COURT A PETITION IN WRITING SETTING FOURTH PLAINLY, FULLY AND DISTINCTLY WHEREIN SUCH DECISION IS CONTRARY TO THE LAW. SUCH APPEAL SHALL BE FILED WITHIN THIRTY (30) DAYS AFTER THE DECISION OF THE BOARD IS RENDERED.

IF FURTHER ASSISTANCE IS NEEDED, CONTACT THE ZONING DEPARTMENT AT 909-7229 OR 1-800-922-7271.

RELEVANT FACTORS PERTAINING TO THE VARIANCE

1. I (we) have made application for: _____

And the zoning department has denied it on the grounds that:
(Information can be obtained from the Zoning Staff) _____

I request a variance from the York County Zoning Ordinance to be/have:
(Be specific with measurements, feet, acreage, numbers of, ratio, etc.) _____

2. The application of the ordinance will result in unnecessary hardship, and the standards for a variance set by State Law and the ordinance are met by the following facts:

a. There are extraordinary and exceptional conditions pertaining to the particular piece of property as follows: _____

b. These conditions do not generally apply to other property in the vicinity as shown by: _____

c. Because of these conditions, the application of the particular piece of property would: _____

d. The 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 for the following reasons: _____

If you are submitting any additional documents, please list what they are: _____

I CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BENEFIT:

APPLICANT **DATE**

I (WE) CERTIFY THAT I (WE) ARE THE OWNERS OF THE PROPERTY INVOLVED IN THIS APPLICATION AND FURTHER THAT I (WE) DESIGNATE THE PERSON SIGNING AS APPLICANT TO REPRESENT ME (US) IN THIS VARIANCE APPLICATION.

PROPERTY OWNER (S) **DATE**

***ATTACHED OWNER'S NOTARIZED WRITTEN AUTHORIZATION IF OWNER'S SIGNATURE CANNOT BE OBTAINED.**

OFFICE USE ONLY

AMOUNT PAID: _____ **CHECK #:** _____

CASH AMOUNT: _____

DATE RECEIVED: _____

RECEIPT NUMBER: _____

DATE FILED: _____

MEETING DATE: _____

ACCEPTED BY:

ZONING OFFICIAL **DATE**