

*Revised 3/2/22*

**YORK COUNTY**  
**BOARD OF ZONING APPEALS**  
**ADMINISTRATIVE APPEAL INSTRUCTIONS & APPLICATION**

**ALL MEETINGS ARE HELD IN THE COUNCIL CHAMBERS IN THE YORK COUNTY GOVERNMENT COMPLEX LOCATED AT 6 S CONGRESS IN YORK AT 6:00 P.M.**

**THE ATTACHED APPLICATION MUST BE FILLED OUT COMPLETELY. A \$325.00 APPLICATION FEE AND A PLOT PLAN AND/OR CONCEPTUAL SITE PLAN, IF NEEDED, FOR THE BOARD OF ZONING APPEALS TO RENDER A DECISION MUST BE SUBMITTED BEFORE A REQUEST CAN BE PLACED ON THE BOARD OF ZONING APPEALS AGENDA.**

**THE FOLLOWING INFORMATION CORRESPONDS WITH THE APPEAL APPLICATION. THESE INSTRUCTIONS ARE PROVIDED TO AID THE INDIVIDUAL IN UNDERSTANDING WHAT INFORMATION IS REQUIRED TO BE SUBMITTED.**

**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 York County Tax Assessor as the property owner. Fill in name, full address, and phone numbers.

**PROPERTY INFORMATION (IF NEEDED):**

**PROPERTY ADDRESS:** Provide the address of the property. The address can be obtained from the York County Public Safety/Communications Department at 803-909-7482 or 803-909-7483 or by accessing the County GIS.

**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 vegetative cover and topography of the land. Examples: partially wooded and sloping from rear to front or front no trees and flat with back wooded and rolling.

**PROPERTY TAX MAP #:** The Property Tax Map Number can be found on the property tax notice, obtained by calling 803-684-8526, or by accessing the County GIS.

**PLAT (SURVEY) OF PROPERTY:** This can be obtained from the property owner or the York County Register of Deeds. 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 acreage or square footage.

**ZONING DISTRICT:** Fill in the zoning classification(s) that encumber the property.

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

**CONCEPTUAL SITE PLAN:** Provide if needed as part of the appeal.

**RELEVANT FACTORS PERTAINING TO THE APPEAL:**

**APPEAL REQUESTED:** Explain the appeal request. In your explanation, be specific with the error(s) you believe have been made by the Planning & Development Services staff.

**JUSTIFICATION:** Explain how and why you have been affected by staff's interpretation of the ordinance, list the

interpretation you believe is correct, and the relief you are seeking. Be specific!

**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. THE PUBLIC HEARING FOR THE APPEAL WILL BE ADVERTISED IN THE LOCAL NEWSPAPER AND NOTIFICATION CONCERNING THE MEETING WILL BE SENT TO THE APPLICANT, PROPERTY OWNER, OR PARTIES TO THE APPEAL. POSTING OF THE PROPERTY IS NOT REQUIRED.
2. THE APPLICATION FILING DEADLINE IS THE FIRST WEDNESDAY OF EACH MONTH (PENDING HOLIDAYS). THE ZONING BOARD OF APPEALS WILL HEAR THE REQUEST THE SECOND THURSDAY OF THE FOLLOWING MONTH.
3. THE APPLICANT MAY PRESENT, PER DISCRETION OF THE BOARD OF ZONING APPEALS CHAIRPERSON, 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 THE APPEAL, AND THE CONCURRING VOTE OF MAJORITY OF THE BOARD OF ZONING APPEALS PRESENT IS NECESSARY IN ORDER FOR AN APPEAL TO BE GRANTED.
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 OF ZONING APPEALS MAY APPEAL FROM ANY DECISION OF THE BOARD TO THE CIRCUIT COURT, FILING WITH THE CLERK OF SUCH COURT A PETITION IN WRITING SETTING FORTH PLAINLY, FULLY AND DISTINCTLY WHEREIN THE DECISION IS CONTRARY TO LAW. THE APPEAL MUST BE FILED WITHIN 30 DAYS AFTER THE DECISION OF THE BOARD IS MAILED. ALL FINAL DECISIONS OR ORDERS OF THE BOARD WILL BE DELIVERED TO PARTIES OF INTEREST BY CERTIFIED MAIL.

**IF FURTHER ASSISTANCE IS NEEDED, PLEASE CALL (803) 909-7278.**

**BOARD OF ZONING APPEALS  
ADMINISTRATIVE APPEAL APPLICATION**

**GENERAL INFORMATION**

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**APPLICANT'S NAME** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

NUMBER	STREET	APARTMENT/BOX NUMBER
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CITY	STATE	ZIP CODE
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**PHONE:** \_\_\_\_\_

WORK	HOME
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**PROPERTY OWNER'S NAME** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

NUMBER	STREET	APARTMENT/BOX NUMBER
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CITY	STATE	ZIP CODE
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**PHONE:** \_\_\_\_\_

WORK	HOME
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**PROPERTY INFORMATION**

**PROPERTY ADDRESS:** \_\_\_\_\_

**PROPERTY DIRECTIONS:** \_\_\_\_\_

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**PROPERTY CONDITIONS:** \_\_\_\_\_

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<b>PROPERTY TAX MAP #:</b> _____	<b>PLAT: PLEASE <u>ATTACH TO APPLICATION</u></b>
<b>LOT AREA: ACRES:</b> _____	<b>SQ. FEET:</b> _____
<b>ZONING DISTRICT:</b> _____	<b>USE OF PROPERTY:</b> _____

**CONCEPTUAL SITE PLAN:** \_\_\_\_\_

**RELEVANT FACTORS PERTAINING TO THE ADMINISTRATIVE APPEAL**

**1. APPLICANT HEREBY APPEALS TO THE BORAD OF ZONING APPEALS FROM THE ACTION OF THE PLANNING & DEVELOPMENT SERVICES STAFF AFFECTING THE PROPERTY DESCRIBED IN THIS APPLICATION ON THE GROUNDS THAT AN INTERPRETATION OF THE ZONING CODE WAS ERRONEOUS AND CONTRARY TO PROVISIONS OF THE ZONING CODE IN SECTION \_\_\_\_\_AS FOLLOWS:**

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**2. APPLICATION IS AGGRIEVED BY THE ACTION OR DECISION IN THAT:**

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**3. APPLICANT CONTENDS THAT THE CORRECT INTERPRETATION OF THE ZONING CODE AS APPLIED IS:**

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**4. APPLICANT REQUESTS THE FOLLOWING RELIEF:**

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**5. IF YOU ARE SUBMITTING ADDITIONAL INFORMATION, PLEASE LIST BELOW:**

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

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**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 APPLICATION.**

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**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:**

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**STAFF SIGNATURE**

**DATE**

Upon completion of your Application, sign the statement below, and return it along with your application by the due date. A copy of this acknowledgment will be attached with your application for our records.

I, \_\_\_\_\_, have signed that I am aware of the Board of Zoning Appeals hearing date.

\_\_\_\_\_  
(Hearing Date)

I understand that I will be asked to speak on behalf of my request and that I, or a representative will need to be in attendance. If for some reason I or a representative will not be able to attend the scheduled meeting, I must request a deferral to another date, or withdraw my application, if I do not want my application considered by the Board of Zoning Appeals.

I acknowledge that failure to attend the meeting does not result in my application being automatically deferred to the next month. The Board of Zoning Appeals will still hold the hearing on my request and can take any form of action, including denial.

Should my request be denied, I will not be permitted to resubmit the request to the Board of Zoning Appeals for a period of one year, unless conditions have changed substantially and the Board of Zoning Appeals votes unanimously to rehear the matter.

\_\_\_\_\_  
(Property owner's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff's signature)

\_\_\_\_\_  
(Date)