



Chester County, South Carolina
Department of Planning, Building & Zoning
1476 J.A. Cochran Bypass
Chester, SC 29706

Meeting Date _____ Appeal Number _____ Invoice Number _____

THE APPLICANT HEREBY APPEALS (check one):

From Action of a Zoning Official as stated on attached Form 2

Please Print - (Use back side of page if more space is needed)

▶ **APPLICANT INFORMATION:**

Name: First _____ Middle _____ Last _____

Mailing Address: Street/ PO Box/ Town/State/ Zip _____

Telephone: Home _____ Work _____ Other _____

▶ **OWNER INFORMATION (if not the applicant):**

Name: First _____ Middle _____ Last _____

Mailing Address: Street/ PO Box/ Town/State/Zip Code _____

Telephone: Home _____ Work _____ Other _____

▶ **PROPERTY ADDRESS/LOCATION:** _____

Tax Map Number _____ Acres _____ Lot Dimensions _____

Zoning District _____ Land Use Plan Map Shows _____

▶ **OWNER AUTHORIZATION - (OWNER SIGN ONLY IF NOT THE APPLICANT) :**

I (we) hereby authorize the person named as Applicant to represent me (us) in this application.

Date: _____ Owner(s): _____

▶ **OWNER / APPLICANT SIGNATURE:**

I (we) certify that the information in this application and the attached form(s) is/are correct.

Date: _____ Owner / Applicant: _____

Appeal From Action of Zoning Official - Form 2
BOARD OF ZONING APPEALS

Date Filed: _____

Appeal No. _____

1. Applicant hereby appeals to the Board of Zoning Appeals from the action of the Zoning Official affecting the property described in the Notice of Appeal (Form 1) on the grounds that:

The ____granting or ____denial of an application for a permit to _____
was erroneous and contrary to provisions of the zoning ordinance in Section _____ or
other action or decision of the Zoning Official was erroneous as follows:

2. Applicant is aggrieved by the action or decision in that:

3. Applicant contends that the correct interpretation of the zoning ordinance as applied to the property is:

4. Applicant requests the following relief:

DATE: _____ SIGNATURE: _____

