

INSTRUCTIONS FOR COMPLETING THE ZONING APPEAL APPLICATION

The following application is for submitting an appeal to a decision or interpretation made by the City of Gaffney Zoning Administrator.

1. The application shall be completed in its entirety. Please do not leave any answers blank.
2. An application fee of \$100.00 (made payable to the City of Gaffney) shall be submitted with the completed application.
3. The applicant must submit a scaled site drawing of the property that reflects, at a minimum, the following:
 - Property lines, existing structures, proposed structures and other relevant site improvements
 - The nature (and dimensions) of the disputed item
 - Topographic, natural features, etc. relevant to the disputed item
4. The Zoning Administrator will review the application for completion prior to placing the application on the BZA (Board of Zoning Appeals) agenda. If the application is determined to be incomplete, the Zoning Administrator will contact the applicant to request that the applicant resolve the deficiencies. ***You are encouraged to schedule an application conference with the Zoning Administrator, who will review your application for completion at the time it is submitted. Call (864)487-8500 to schedule an appointment.***
5. The applicant/owner must provide a statement addressing the reasons that he/she believes the administrator erred in his determination or interpretation of the applicable section of the Zoning Ordinance as it pertains to the subject property.

ZONING APPEAL APPLICATION
CITY OF GAFFNEY
(864) 487-8500

1) NAME OF APPLICANT _____
(MUST BE PROPERTY OWNER)

2) APPLICANT'S MAILING ADDRESS _____

3) APPLICANT'S PHONE # _____

4) PHYSICAL ADDRESS OF SUBJECT PROPERTY _____

5) SUBJECT PROPERTY'S TAX ID # _____

6) CURRENT ZONING DISTRICT _____

7) IS THE SUBJECT PROPERTY OR PARCEL RESTRICTED BY ANY RECORDED COVENANT THAT IS CONTRARY TO, CONFLICTS WITH, OR PROHIBITS THE ACTIVITY DESCRIBED IN THIS APPLICATION YES NO IF YES, PLEASE SUBMIT COPY.

8) APPLICABLE ZONING ORDINANCE SECTION _____

9) DESCRIPTION OF APPEAL REQUEST _____

The owner has designated the following person to act as his/her representative in regard to this application.

(Print or Type Representative's Name)

(Representative's Mailing Address)

(Representative's Phone Number)

The undersigned does hereby verify that they are the property owner of the subject property, accepts responsibility for the accuracy of this information, and gives the City of Gaffney permission to obtain whatever information is necessary to review this application. The undersigned also hereby certifies the above statements and the information submitted herein are true to the best of their knowledge and belief.

(Signature of Owner)

(Date)

FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED _____ REC'D BY _____

FEE SUBMITTED CHECK # _____ /CASH DATE _____

APPLICATION REVIEWED BY _____ STATUS OF REVIEW _____

DATE OF BZA MEETING _____ Approved Disapproved

FEE SUBMITTED \$100.00 YES NO DATE PAID _____