

Town of McConnells
P O Box 115
McConnells, SC 29726-0115

Special Exception Application - Zoning Board of Appeals
Fee: \$150.00

Meeting Date: _____ **Case Number:** _____ **Invoice Number:** _____

Instructions: Complete form in its entirety. Information provided must be printed or typewritten. If Applicant is not the Owner(s), Applicant must have "Designation of Agent", as identified below. An accurate, legible plot plan showing property dimensions and locations of structures and improvements must be attached to this application.

► **APPLICANT(S) INFORMATION:**

Name: _____

Mailing Address: _____

Telephone: Home _____ Work _____ Cell _____

► **OWNER(S) (if other than Applicants):**

Name _____

Mailing Address: _____

Telephone: Home _____ Work _____ Cell _____

► **PROPERTY INFORMATION:**

Tax Map #: _____ Zoning District: _____

Address/Location: _____

► **APPLICANT SIGNATURE:** I (we) certify all information in this Application and attached Form 4 is true and correct.

Date: _____ **Owner / Applicant:** _____

NOTICE: 6-101 (d) McConnells Zoning Ordinance states: "If the work described in a zoning permit has not begun within six (6) months from the date of the permit, the permit shall be void."

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1. Applicant hereby requests a Special Exception for use of property identified on Page 1; which is a permitted Special Exception in District Regulations: Section _____ of the Zoning Ordinance. Specific request(s): _____

2. Applicant will meet the standards in Section _____ of the Zoning Ordinance which are applicable to the proposed special exception in the following manner: _____

3. Applicant suggests the following conditions be imposed to meet the standards in the Zoning Ordinance: _____

4. The following documents are submitted in support of this application: _____

(A plat or survey must be submitted with other documentation as needed.)

Date: _____ Applicant Signature: _____