



# City of Conway Board of Zoning Appeals

VARIANCE/ APPEAL REQUEST

<b>Staff Use Only</b>
Received: _____
Staff: _____
Inspected: _____

City of Conway Planning Department  
P.O. Drawer 1075, 29528

Phone: (843) 488-9888  
Conway, South Carolina

FAX: (843) 488-9890  
[www.cityofconway.com](http://www.cityofconway.com)

Property Address:	Meeting date:	TMS#
Property Owner:	Daytime phone:	
Applicant:	Daytime phone:	
Applicant's mailing address:		
City:	State:	Zip Code:
Applicant's e-mail address:		
Zoning District:		

**Requested Action:**

- I am requesting a **variance** from the strict application of the Unified Development Ordinance (UDO). **Please continue to the following section.**
  
- I am requesting an administrative **appeal** of the action or decision of the Zoning Administrator, which I believe to be contrary to the meaning of the *Conway Unified Development Ordinance (UDO)*. **Please continue to page three.**

**VARIANCE REQUESTS:**

Please demonstrate how you satisfy the following **CRITERIA FOR VARIANCE** (see §14.2.1 of the *Conway Unified Development Ordinance*).

<b>Please describe your proposal in detail:</b>

<b>This proposal does not conform to the Unified Development Ordinance in the following way:</b>	
UDO Section and Requirement:	Proposed Instead:
1.	
2.	
3.	
4.	

<p><b>Application Requirements:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed BZA application</li> <li><input type="checkbox"/> A filing fee of one hundred dollars (\$100.00)</li> <li><input type="checkbox"/> A completed application including required signatures. Incomplete applications will not be processed.</li> <li><input type="checkbox"/> A site plan drawn to scale illustrating all property lines, existing structures, proposed structures and any other relevant site information.</li> </ul>
---



City of Conway
Board of Zoning Appeals
VARIANCE/ APPEAL REQUEST

Staff Use Only
Received:
Staff:
Inspected:

1. Describe the extraordinary conditions pertaining to your particular piece of property:

Two horizontal lines for text entry.

2. Are the conditions described above particular to your piece of property? Explain.

Two horizontal lines for text entry.

3. Would the strict application of the Zoning Ordinance prohibit or unreasonably restrict the use of your property? Explain.

Two horizontal lines for text entry.

4. Will the granting of the variance harm adjacent property, the character of the area or the public good? Explain:

Two horizontal lines for text entry.

and; "Is the variance request initiated because of hardship and not to increase the profitability of the property?"

Two horizontal lines for text entry.

I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property or the authorized representative of the owner. I authorize the subject property to be inspected, and that all required material will be submitted to the City of Conway Planning Department no later than thirty(30) days prior to the meeting date. Board of Zoning Appeals meets the fourth Thursday of each month at 5:30 P.M. in City Hall, 229 Main Street. I understand that it is my responsibility to obtain all necessary approvals from other city departments. A REPRESENTATIVE MUST BE PRESENT AT THE MEETING TO HAVE YOUR REQUEST HEARD.

Applicant's signature: date:

Print name legibly:

OFFICE USE ONLY

Date Fee Paid:

Date Notice Was Advertised in Newspaper:

Summary of Action/Conditions by the Board:

Four horizontal lines for text entry.



City of Conway
Board of Zoning Appeals
VARIANCE/ APPEAL REQUEST

Staff Use Only
Received:
Staff:
Inspected:

ADMINISTRATIVE APPEALS:

For administrative appeals for reconsideration of an action or decision of the zoning administrator, the applicant shall state below the interpretation(s) of the Unified Development Ordinance being appealed, how the applicant is aggrieved by the interpretation(s), and what the applicant contends is the correct interpretation of the Unified Development Ordinance (add as an attachment if necessary):

Multiple horizontal lines for writing the appeal details.

I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property or the authorized representative of the owner. I authorize the subject property to be inspected, and that all required material will be submitted to the City of Conway Planning Department no later than ten(10) days prior to the meeting date. The Community Appearance Board meets the second and fourth Wednesday of each month at 4:00 P.M. in City Hall, 229 Main Street. I understand that it is my responsibility to obtain all necessary approvals from other city departments. A REPRESENTATIVE MUST BE PRESENT AT THE MEETING TO HAVE YOUR REQUEST HEARD.
Applicant's signature: date:
Print name legibly:

OFFICE USE ONLY

Date Fee Paid:

Date Notice Was Advertised in Newspaper:

Summary of Action by the Board:

Multiple horizontal lines for summarizing the board's action.