



TOWN OF SANTEE
PLANNING & ZONING DEPARTMENT

194 Municipal Way (P.O. Box 1220) | Santee, SC 29142 | Ph: 803.854.2152 | Website: www.townofsantee-sc.org

ZONING AMINISTRATOR'S ACTION APPEAL APPLICATION

OFFICE USE ONLY:

Date Received: _____

Fee Paid: \$365 plus mailing/attorney fees

Please READ and PRINT clearly. Complete and submit the application and attachments. If the applicant is not the owner(s), the owner(s) must complete and sign the Designation of Agent. Staff cannot place this application on the agenda if it is incomplete and/or without the appropriate supporting documentation. Please use additional paper. Include an accurate plat, scaled site plan, and any additional materials (i.e. photographs, elevation drawing with dimensions, or renderings). Site plans must be no longer than 11 x 17, and show scale, tax map number, property owner/developer information, date, vicinity map, north arrow, property shape and dimensions, landscaping, screening and buffering, and location and size of existing and/or proposed structures, and drives. Provide one of each hardcopy and digital site plan and plat. The site plan must be prepared by a SC registered land surveyor, landscape architect, or engineer.

Applicant Name: _____ Business Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____ Email: _____

Relationship to Property Owner: Same Lessee/Business Owner Contractor Other: _____

Designation of Agent: I/we hereby authorize the person named as Applicant to act on my/our behalf for the purpose of submitting and amending documents, meeting with staff, and attending public meetings/hearings.

Owner's Name (print) Owner's Signature Date

Witness (print) Witness Signature Date

Phone: _____ Email: _____

Zoning District: _____ List pertinent ordinance section: _____

Current property use: Residential Commercial Industrial Vacant Lot Area (sq ft)/acre of propose project: _____

1. I/we appeal the zoning official's decision to the Board of Zoning Appeals affecting the above property on the grounds that decision was erroneous and contrary to the provisions in accordance to the Ordinance in (cite article and section(s)) _____

2. I am/we are aggrieved by the action or decision in that (please provide a detail explanation): _____

3. I/we contend that the zoning official was in error in that: _____

4. I/we request the following relief: _____

5. Indicate (check the applicable) supportive documentation. plat (**required**) scaled plot/site plan (*for new improvements*)
 applicable permits/approvals photographs elevation drawings with dimensions renderings
 others (*please list*) _____.

I attest to the best of knowledge the information and attachment(s) provided is accurate. The proposed activity does not contradict any conditions, covenants, and/or restrictions. I authorize the subject property to be posted with a notice of the Board hearing.

Applicant Signature

Date