



City of Spartanburg Planning Department

Appeal Supplemental Application Form

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Spartanburg, SC 29304

E: nrosario@cityofspartanburg.org

Name of Development _____

Location _____

City Official or Body that made the Decision _____

Date of the Decision you are Appealing _____

Please summarize the Decision you are Appealing _____

Please explain the Basis for your right to Appeal _____

The Nature of the Appeal _____

ALL OF THE FOLLOWING ITEMS MUST BE ATTACHED in order for this application to be complete.

- A detailed narrative outlining grounds of the Appeal, and citing any Zoning Ordinance section number(s) relied upon; **and** a statement of the specific decision requested of the Board of Zoning Appeals
- When an Appeal is filed by an Agent for another party, that party must submit written certification consenting to the Appeal

Filing Fee- \$50.00

For Official Use Only

Date Received _____ Time _____

Accepted by _____ Master Tracking Number _____