



City of Spartanburg Planning Department

Master Application Form

Post Office Box 1749
Spartanburg, SC 29304

O: (864) 596-2068
F: (864) 596-2360
E: nrosario@cityofspartanburg.org

Name of Development _____

Street Address _____

Zoning District _____ Overlay District _____ Tax Map Number _____

Landowner _____ Name _____ Company _____ Mailing Address _____ City State Zip _____ Telephone Fax _____ Email _____	Applicant Bus License # _____ _____ Name _____ Company _____ Mailing Address _____ City State Zip _____ Telephone Fax _____ Email _____	Agent Bus License # _____ _____ Name _____ Company _____ Mailing Address _____ City State Zip _____ Telephone Fax _____ Email _____
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- | | |
|--|--|
| <input type="radio"/> Appeal
<input type="radio"/> Special Exception*
<input type="radio"/> Variance | <input type="radio"/> Planned Development District*
<input type="radio"/> Subdivision*
<input type="radio"/> Zoning Map Amendment* |
|--|--|

*** A Check-In Conference is required for these items. Attach the necessary supplemental**

To the best of my knowledge, the information on this application and all additional documentation is true, factual and complete. I hereby agree to abide by all conditions of any approvals granted by the City of Spartanburg. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale.

Signature

Date

For Official Use Only	
Date Received _____	Time _____
Accepted by _____	Master Tracking Number _____



City of Spartanburg Planning Department

Appeal Supplemental Application Form

Post Office Box 1749

Phone: 864.596.2068

Spartanburg, SC 29304

Fax: 864.596.2360

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 _____



What are the extraordinary and/or exceptional conditions that apply to your parcel?

How do these conditions differentiate your parcel from those in the immediate vicinity?



How would these conditions and the application of the Ordinance to your particular lot effectively prohibit or unreasonably restrict the utilization of your property

Will the authorization of a variance be of substantial detriment to adjacent property or to the public good? Will the character of the district be harmed by the granting of the variance?