



**Berkeley County**  
**Office of the Planning and Zoning Department**  
PO Box 6122  
Moncks Corner, SC 29461-6120

**Notice of appeal**  
**Board of Zoning Appeals**  
**Berkeley County, South Carolina**  
**Per Ordinance No. 01-8-35, as amended**

Date Filed: \_\_\_\_\_

**Instructions**

This form must be completed for a hearing by the Board of Zoning Appeals. Entries must be printed or typewritten. If the application is on behalf of a property owner(s), all owners must sign. A nonrefundable fee of \$100.00 is due at the time of application.

**THE APPLICANT HEREBY APPEALS [indicate one]:**

- From action of a zoning official. (Please state action and grounds for appeal on page 2 to be provided by applicant)
- For a variance as stated on the following attached page(s) (to be provided by applicant).
- For a special exception as stated on the following attached page(s) (to be provided by applicant).

**APPLICANT(s) [print]:**

Mailing Address of applicant(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ [work] \_\_\_\_\_ [home]

PROPERTY ADDRESS of decision being appealed: \_\_\_\_\_

Tax Map No. of property of decision being appealed: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ County Council District: \_\_\_\_\_

I (we) certify that the information on this application, the attached appeal, and on the attached site plan is correct.

\_\_\_\_\_  
Applicant Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature(s)

\_\_\_\_\_  
Date