# **Application for Special Exception**

# **county logo**

# **County of Charleston**

# **Board of Zoning Appeals**

Public Services Building

Zoning/Planning Department

4045 Bridge View Drive

North Charleston, SC 29405

Phone 843-202-7200

Fax 843-202-7222

[www.charlestoncounty.org](http://www.charlestoncounty.org)

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Fax 843-202-7222

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This application must be completed and submitted in person to the Zoning/Planning Department in order to apply for a Special Exception. Please read the entire form prior to completing the application. The applicant shall receive a copy of this completed form at the time the application is filed. **This application will be returned to the applicant within fifteen (15) working days if these items are not submitted with the application or if any are found to be inaccurate:**

1. Completed Special Exception application signed by the current property owner(s).
2. **Copy of** **Current Recorded Deed** to the property. If the applicant is not the owner of the property, the **Current Property Owner(s)** must sign and print the **Designation of Agent** found below.
3. **Restrictive Covenants & Posted Notice Affidavits** signed by the applicant or current property owner(s).
4. A **letter of intent** signed by the applicant or property owner(s) stating the reason for the request that explains why this request should be granted and how it meets the Approval Criteria of §3.6.5. All proposed Special Exceptions, except manufactured home placements, shall satisfy the Site Plan Review process and attend at least one Site Plan Review meeting prior to submitting this application.
5. An accurate, legible **Site Plan drawn to Engineers Scale** must be attached. The site plan must show property dimensions, dimensions and locations of all existing and proposed structures and improvements, parking areas, Grand trees (24” DBH or greater), wetlands (properties containing DHEC-OCRM Critical Line areas must contain an up to date DHEC-OCRM signature on the site plan or plat), holding basins and buffers when applicable.

**One(1) 24 x 36 copy & twenty (20) 11 x 17 copy.**

1. Copy of a legible **Approved and Recorded Plat** showing present boundaries of property.
2. Check made out to “Charleston County” or cash. $250 fee.

Applicant Name: 

Mailing Address: 

City, State, Zip Code:  Daytime Phone:

Subject Property Address:

Present Use of Property:

Special Exception Description:

 

Applicant Signature Date



Applicant Email Address

**Designation of Agent**

(Complete only if owner is not applicant): I hereby appoint the person named as Applicant above as my (our) agent to represent me (us) in this application.

  

Owner Print Name Date Owner Mailing Address

 

Owner Signature City, State, Zip Code

**FOR OFFICE USE ONLY**

Application #:  Flood Zone: 

Zoning District:  Fee Paid ($250): 

Date Filed:  Zoning Officer: 

TMS #: 



Owner Email Address

Zoning Officer: Click here to enter text.

Fee Paid: Click here to enter text.

Flood Zone: Click here to enter text.

Date Filed: Click here to enter text.

TMS#: Click here to enter text.

Zoning District: Click here to enter text.

Application #: Click here to enter text.