

CHESTER COUNTY
SOUTH CAROLINA
LAND DEVELOPMENT REGULATIONS

**APPLICATION TO VARY OR APPEAL THE REQUIREMENTS
OF THE CHESTER COUNTY LAND DEVELOPMENT REGULATIONS**
(Refer to Article 6)

Do Not Write In This Box

Application _____ Date Received _____ Fee Paid _____

INSTRUCTIONS:

PLEASE COMPLETE THIS APPLICATION. RETURN FORM, SUPPORTING INFORMATION, AND APPLICATION FEE TO THE CHESTER COUNTY PLANNING COMMISSION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PLANNING COMMISSION AT (803) 581-0942.

1. This application is for: (check one)
 A variance from the requirements of the Ordinance (complete items 2 & 3)

 An appeal for clarification or interpretation of the Ordinance (complete item 3)
2. Give either exact address or tax map reference number of property for which a variance is requested.

3. Describe the nature of the variance or appeal requested and list the section(s) of the Ordinance that is in question: _____

(Attach additional information as needed)

NOTE: It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for a variance or an appeal rests with the applicant.

Applicant's Name: (Please Print)

Address: _____

I hereby certify that the above
Information is correct and true to
The best of my knowledge.

Signature