

**Notice of Appeal – Form 1**  
**Board of Zoning Appeals**  
**County of Clarendon**

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Date Filed: \_\_\_\_\_ Appeal Application Fee: \$ 350.00 Appeal No. \_\_\_\_\_

**Instructions**

This form must be completed on a hearing on **appeal** from action of a zoning official, application for a **variance**, or application for **special exception**. Entries must be printed or typewritten. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent.

An accurate, legible plot plan showing property dimensions and locations of all structures and improvements must be attached to an application for variance or special exception.

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

- from action of a zoning official as stated on attached Form 2.
- for a variance as stated on attached Form 3.
- for a special exception as stated on attached Form 4.

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

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Interest: \_\_\_\_\_ Owner(s): \_\_\_\_\_ Adjacent Owner(s); Other: \_\_\_\_\_

**OWNER(S)** [if other than Applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

[Use reverse side if more space is needed]

**PROPERTY ADDRESS:**[E-911] \_\_\_\_\_

Lot \_\_\_\_\_, Block \_\_\_\_\_, Subdivision \_\_\_\_\_

Tax Map Number \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ Acreage: \_\_\_\_\_

Zoning District: \_\_\_\_\_

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**DESIGNATION OF AGENT** [complete only if owner is not applicant]:

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this application.

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

\_\_\_\_\_  
Owner Signature(s)

I (we) certify that the information in this application and the attached Form 2, 3, or 4 is correct.

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

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

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