



## City of Hardeeville Board of Zoning Appeals

PO Box 609 (205 Main Street) | Hardeeville, SC 29927

tel: 843 784 2231 | fax: 843 784 6384

www.cityofhardeeville.com

### OFFICE USE ONLY

Application #: \_\_\_\_\_

Received on: \_\_\_\_\_ Staff: \_\_\_\_\_

Approved on: \_\_\_\_\_ Staff: \_\_\_\_\_

# Special Exception Application

1. The Applicant hereby appeals to the Board of Zoning Appeals (BZA) for a special exception for the use of the property described in the Notice of Appeal as:

\_\_\_\_\_ which is a permitted special exception under the district regulation in Section \_\_\_\_\_ of the Municipal Zoning & Development Ordinance.

2. The Applicant will meet the standards in Section \_\_\_\_\_ of the Municipal Zoning & Development Ordinance which are applicable to the proposed special exception as follows:

\_\_\_\_\_  
\_\_\_\_\_

3. The Applicant suggests that the following conditions be imposed to meet the standards in the Municipal Zoning & Development Ordinance:

\_\_\_\_\_  
\_\_\_\_\_

4. The following documents are submitted in support of this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPROVAL CRITERIA

- A. The proposed use is consistent with the comprehensive plan and all applicable provisions of the MZDO and applicable state/federal regulations;
- B. The proposed use is consistent with the purpose and intent of the zoning district in which it is located;
- C. The proposed use is consistent with any applicable use-specific standards set forth in this Ordinance;
- D. The proposed use is compatible with adjacent uses in terms of scale, site design, operating characteristics (hours of operation, traffic generation, lighting, noise, odor, dust, and other external impacts);
- E. Any significant adverse impacts anticipated to result from the use will be mitigated or offset to the maximum extent practicable; and
- F. The proposed use is appropriately located with respect to transportation facilities, water supply, fire and police protection, waste disposal, and similar facilities.

## APPLICANT INFORMATION

Contact Person: \_\_\_\_\_

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

City / State / ZIP: \_\_\_\_\_

I prefer to be contacted by:  cell #  business #  e-mail

Preferred Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fee Payment: \$150

Form X | Updated 3/2012

I have completed this form to the best of my knowledge and authorize the City of Hardeeville to process this application.

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