

ZONING VARIANCE APPLICATION

CITY OF SENECA, SOUTH CAROLINA

Variance:	Application Date:	
	Received By:	
	Public Hearing Date:	
	Public Notice Dates:	Publication: The Journal
	Fee:	Receipt #:
	Date Posted:	By:

Property Owner(s):	Phone #:
Owner(s) Address:	
Applicant(s):	Phone #:
Applicant(s) Address:	

Property Location: (a plat must accompany this application)		
Tax Map #:		
Current Zoning Classification:	Non-Conforming Land/Structure Use <input type="checkbox"/> Substandard Lot of Record <input type="checkbox"/>	
Land Area:	Lot Dimensions:	Current Use of Property:
Property Characteristics:		

Please answer the following:

1) Has any application involving this property been considered in previous action(s) by the Seneca Planning Commission or Zoning Board of Appeals? No Yes, please provide the date and details:

2) Please explain the reason for the request and additional information that supports the same:

I/We request a variance from the following provision(s) of the Official Zoning Ordinance so that the property list in this application may be used in the manner indicated by the attached plot plan and reasons stated herein.

Additionally, I/we, the free holder(s) of the property/properties involved in this application certify and designate the person signing as applicant to represent me/us in this variance.

Property Owner(s) Name: (please print)
Property Owner(s) Signature(s):
Applicant(s) Name: (please print)
Applicant(s) Signature(s):

STAFF USE ONLY	
Application Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Zoning Board of Appeals Chairperson Signature:	Date:
Comments:	