



Spartanburg County Planning & Development Department

366 N. Church St., Suite 700, Spartanburg SC 29303 Phone: (864) 596-3570 Fax: (864) 596-3018

Application for Appeal

Project Name: _____ Date Applied: _____

Project Location & Directions: _____

Tax Map #: _____ Subdivision: _____ Lot #: _____

Information for Owner, Contact Person or Applicant (Person to be Notified of Meeting):

Name: _____

Address: _____

Phone: (____) _____

Signature(s): _____

(Please note: We will only accept original signatures – no faxed copies. All property owners listed on the deed must sign this application)

Board of Zoning Appeals

Planning Commission

Ordinance Being Appealed: _____

Reason for appeal, with specific reference to action being appealed: _____

Section of the ordinance that is being appealed: _____

Is the tract or parcel of land restricted by any recorded covenant that is contrary to, conflicts with or prohibits the proposed activity? ___ Yes ___ No

I hereby certify and agree that all the information provided in this application is true and correct. I understand that falsifying any information on this application will result in the automatic denial of this application and nullification of any action applied herein.

Applicant's Signature Date

For Staff Use Only:
Appeal Date: _____ Staff Decision Reversed?: YES NO