YORK COUNTY
ZONING BOARD OF APPEALS
PUBLIC SERVICE USE INSTRUCTIONS & APPLICATION

ALL MEETINGS ARE HELD IN THE LARGE CONFERENCE ROOM, SUITE 104 IN THE YORK COUNTY OFFICE COMPLEX LOCATED AT 1070 HECKLE BOULEVARD IN ROCK HILL AT 6:00 P.M.

THE ATTACHED APPLICATION MUST BE FILLED OUT COMPLETELY. A $325.00 APPLICATION FEE AND A PLAT (SURVEY) MUST BE SUBMITTED BEFORE A REQUEST CAN BE PLACED ON THE ZONING BOARD OF APPEALS AGENDA.

THE FOLLOWING INFORMATION CORRESPONDS WITH THE PUBLIC SERVICE USE APPLICATION. THESE INSTRUCTIONS ARE PROVIDED TO AID THE INDIVIDUAL IN UNDERSTANDING WHAT INFORMATION IS REQUIRED TO BE SUBMITTED.

GENERAL INFORMATION:

APPLICANT: This is the person who will represent the property owner(s) at the public hearing. Fill in name, full address, and phone numbers.

PROPERTY OWNER: This is the person that is listed with the York County Tax Assessor as the property owner. Fill in name, full address, and phone numbers.

PROPERTY INFORMATION:

PROPERTY ADDRESS: Provide the address of the property. The address can be obtained from the York County Public Safety/Communications Department at 803-909-7482 or 803-909-7483 or by accessing the County GIS.

PROPERTY DIRECTIONS: Give specific directions to the property. Begin with a major, heavily traveled road. Landmarks, directional language (north, south, etc.), and distances should be included.

PROPERTY CONDITIONS: Explain the vegetative cover and topography of the land. Examples: partially wooded and sloping from rear to front or front no trees and flat with back wooded and rolling.

PROPERTY TAX MAP #: The Property Tax Map Number can be found on the property tax notice, obtained by calling 803-684-8526, or by accessing the County GIS.

PLAT (SURVEY) OF PROPERTY: This can be obtained from the property owner or the York County Register of Deeds. Indicate, on the plat, the approximate location and distance of all structures and dwellings in relation to all property lines. If a plat does not exist, the deed that indicates property line distances (metes and bounds) will be accepted.

LOT AREA: In this space, provide the size (area) of the lot. You may use either acreage or square footage.

ZONING DISTRICT: Fill in the zoning classification(s) that encumber the property.

USE OF PROPERTY: Describe in general terms the current use of the property.

RELEVANT FACTORS PERTAINING TO THE PUBLIC SERVICE USE:

APPLICATION INFORMATION: Explain the type of public service use you are requesting.

COMPLIANCE STATEMENT: Explain how you will meet the requirements of the section allowing the requested public service use.

CONDITION STATEMENT: Explain conditions, if any, you believe should be imposed if your request is approved.

SUPPORTING DOCUMENTATION: List addendums, petitions, pictures, etc., that the applicant will be submitting into the record at the meeting or have been included in the application packet.

APPLICANT'S SIGNATURE: The applicant must sign the form certifying the information is correct and must be signed even if applicant is the owner.

OWNER'S SIGNATURE: This section must be signed by the property owner. Notarized written authorization from the property owner giving the applicant permission to act of his/her behalf can be substituted for property owner's signature.

ADDITIONAL INFORMATION

1. THE PUBLIC SERVICE USE WILL BE ADVERTISED IN THE LOCAL NEWSPAPER AND THE PROPERTY WILL BE POSTED INDICATING THE DATE AND TIME OF THE PUBLIC HEARING. PROPERTY OWNERS WITHIN 250 FEET FROM THE BOUNDARY OF THE SUBJECT PARCEL OR PARCELS WILL BE NOTIFIED VIA REGULAR MAIL.

2. THE APPLICATION FILING DEADLINE IS THE SECOND WEDNESDAY OF EACH MONTH (PENDING HOLIDAYS). THE ZONING BOARD OF APPEALS WILL HEAR THE REQUEST THE SECOND THURSDAY OF THE FOLLOWING MONTH.

3. THE ZONING BOARD OF APPEALS MAY ELECT TO APPROVE, APPROVE WITH CONDITIONS, OR DENY A PUBLIC SERVICE USE. BASED ON THE HEARING AND PROBABLE IMPACT OF THESE USES ON CONTIGUOUS USES AND CONDITIONS, THE ZONING BOARD OF APPEALS MAY ELECT TO DENY THE REQUEST IN FAVOR OF A MORE ACCEPTABLE SITE ELSEWHERE.

4. FOUR OF THE SEVEN APPOINTED BOARD MEMBERS MUST BE PRESENT BEFORE ACTION CAN BE TAKEN ON A PUBLIC SERVICE USE. THE CONCURRING VOTE OF THE MAJORITY OF THE ZONING BOARD OF APPEALS PRESENT IS NECESSARY IN ORDER FOR A PUBLIC SERVICE USE TO BE APPROVED.

5. THE APPLICANT MAY PRESENT, PER DISCRETION OF THE ZONING BOARD OF APPEALS CHAIRPERSON, ANY ITEMS AND/OR INDIVIDUALS HE/SHE BELIEVES WILL HELP HIS/HER CASE.

6. ANY PERSON WHO MAY HAVE A SUBSTANTIAL INTEREST IN ANY DECISION OF THE ZONING BOARD OF APPEALS MAY APPEAL FROM ANY DECISION OF THE BOARD TO CIRCUIT COURT IN AND FOR YORK COUNTY, FILING WITH THE CLERK OF SUCH COURT A PETITION IN WRITING SETTING FORTH PLAINLY, FULLY AND DISTINCTLY WHEREIN THE DECISION IS CONTRARY TO LAW. THE APPEAL MUST BE FILED WITHIN 30 DAYS AFTER THE DECISION OF THE BOARD IS MAILED. ALL FINAL DECISIONS OR ORDERS OF THE BOARD WILL BE DELIVERED TO PARTIES OF INTEREST BY CERTIFIED MAIL.

IF FURTHER ASSISTANCE IS NEEDED, PLEASE CALL (803) 909-7278.

"Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law."

ZONING BOARD OF APPEALS
PUBLIC SERVICE USE APPLICATION

GENERAL INFORMATION

APPLICANT'S NAME: _____

ADDRESS: _____
NUMBER STREET APARTMENT/BOX #

_____
CITY STATE ZIP CODE

PHONE: _____ _____
WORK HOME

PROPERTY OWNER'S NAME: _____

ADDRESS: _____
NUMBER STREET APARTMENT/BOX #

_____
CITY STATE ZIP CODE

PHONE: _____ _____
WORK HOME

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

PROPERTY DIRECTIONS:

PROPERTY CONDITIONS:

PROPERTY TAX MAP #: _____ **PLAT:** **PLEASE ATTACH TO APPLICATION**

LOT AREA: ACRES: _____ **SQ. FEET:** _____

ZONING DISTRICT: _____ **USE OF PROPERTY:** _____

RELEVANT FACTORS PERTAINING TO THE PUBLIC SERVICE USE

1. APPLICANT HEREBY REQUESTS APPROVAL OF THE FOLLOWING PUBLIC SERVICE USE BY THE YORK COUNTY ZONING BOARD OF APPEALS AS DESCRIBED BELOW:

2. THE APPLICANT WILL MEET THE STANDARDS IN SECTION §155.497 AND ANY OTHER SECTIONS OF THE ZONING CODE WHICH ARE APPLICABLE TO THE PROPOSED PUBLIC SERVICE USE IN THE FOLLOWING MANNER:

3. LIST ANY CONCESSION(S) OR ADDITIONAL CONDITIONS THAT YOU AGREE TO AS PART OF THE APPROVAL:

4. IF YOU ARE SUBMITTING ADDITIONAL INFORMATION, PLEASE LIST BELOW:

I CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BENEFIT:

_____

APPLICANT DATE

I (WE) CERTIFY THAT I (WE) ARE THE OWNERS OF THE PROPERTY INVOLVED IN THIS APPLICATION AND FURTHER THAT I (WE) DESIGNATE THE PERSON SIGNING AS APPLICANT TO REPRESENT ME (US) IN THIS APPLICATION.

_____

PROPERTY OWNER (S) DATE

***ATTACHED OWNER'S NOTARIZED WRITTEN AUTHORIZATION IF OWNER'S SIGNATURE CANNOT BE OBTAINED.**

OFFICE USE ONLY

AMOUNT PAID: _____ CHECK #:_____ CASH AMOUNT: _____

DATE RECEIVED: _____ RECEIPT NUMBER: _____

DATE FILED: _____ MEETING DATE: _____

ACCEPTED BY:

_____

STAFF SIGNATURE DATE

Upon completion of your Application, sign the statement below, and return it along with your application by the due date. A copy of this acknowledgment will be attached with your application for our records.

I, _____, have signed that I am aware of the Zoning Board of Appeals hearing date.

_____
(Hearing Date)

I understand that I will be asked to speak on behalf of my request and that I, or a representative will need to be in attendance. If for some reason I or a representative will not be able to attend the scheduled meeting, I must request a deferral to another date, or withdraw my application, if I do not want my application considered by the Zoning Board of Appeals.

I acknowledge that failure to attend the meeting does not result in my application being automatically deferred to the next month.

The Zoning Board of Appeals will still hold the hearing on my request and can take any form of action, including denial. Based on the hearing and probable impact of these uses on contiguous uses and conditions, the Zoning Board of Appeals may elect to deny the request in favor of a more acceptable site elsewhere.

_____ _____
(Property owner's signature) (Date)

_____ _____
(Applicant's signature) (Date)

_____ _____
(Staff's signature) (Date)