

BUILDING BOARD OF ADJUSTMENT & APPEALS REQUEST FOR HEARING FORM

OFFICE OF PLANS EXAMINER • 803.545.3427 • www.columbiadevelopmentservices.net

APPLICANT:									
	Name:								
	Address:								
	City:				State:_		Zip Code:		
	Telephone #:					Fax #:			
PROP	ERI	ГҮ:							
	Address:								
	Pro	Proposed Use (if different):							
CONDITIONS FOR APPEAL(S):									
	1) Check anyone of the following conditions that are claimed to exist:								
	☐ The provisions of this code do not apply to this specific case.								
	That an equally good or more desirable form of installation can be emp in any specific case.							yed	
				The true intent and n have been misconstr	•		or any of the regulations there υ erpreted.	ınder	
	2) Should none of these conditions apply, the Board may not hear the appeal. The appeal shall be considered groundless.								
DESC	RIB	E Y	OUF	R REQUEST:					
APPEAL OR VARIANCE REQUEST:									

A \$10.00 fee is due at the time of submittal to process a request for Appeals Board Hearings. Submit 11 copies of this form and of any information you wish the Board to review with this request.