

## PLANNING AND ZONING DEPARTMENT

Alison Simmons, AICP, Director
P.O. Box 6122

1003 Highway 52 • Moncks Corner, SC 29461
843,719,4095

## APPLICATION FOR WAIVER FROM THE PLANNING COMMISSION

Per Chapter 59 - The Land Development and Subdivision Regulation Ordinance; No. 99-4-20, As Amended.

ALL SECTIONS OF THIS APPLICATION ARE REQUIRED TO BE COMPLETED TO BE ACCEPTED

Applications are due by COB of the previous month's meeting date unless otherwise posted. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the *Property Owner Authorization* (found on page 3) to designate the Applicant as the Authorized Agent. Application Fee is \$150.00 (Non-Refundable). Cash, Card, and Check Accepted. Checks may be made out to BERKELEY COUNTY

PRINTED No	APPLICATE OF Applicant:	CANT INFORMATION  Relation to	Relation to Property Owner (Check One):		
		arDelta I am the Owr	ner $arsigma$ I am the Autho	rized Agent	
Phone #:	: Email Address:				
Mailing Add	dress:				
	PROPERTY OWNER'S CONTA	ACT INFORMATION (IF NOT	STATED ABOVE)		
Name:				_	
Mailing Ad	dress:				
Phone #:		Email Address:			
	BZA MEETING	G DATE AND EXPECTATION	IS		
Planning C	commission Meeting Date Applied fo	or:			
				Applicant's Initials Here:	
	PROP	PERTY INFORMATION			
TMS#:		Lot Size:	Zoning:		
Physical Ac	ddress or Location of Subject Proper	ty:			
Present Use	e of the Property:				
	The following information	n MUST BE submitted with	this application:		
SUBDIVISION PLAN  2. OTHER RELEVAN	2. OTHER  The burden of proof to demonstrate a justification for the request falls on the applic  RELEVANT  Please enclose any documents, letters of support, surveys, pictures, or other mate  EVIDENCE  The burden of proof to demonstrate a justification for the request falls on the applic  Please enclose any documents, letters of support, surveys, pictures, or other mate  deemed necessary to demonstrate the conditions of the property.		ne applicant.		
		ES (PLEASE CHECK ALL T	HAT APPLY)		
	Existing Plat(s) of Record Site/Subdivision Plan				
	Maintenance Agreements or other si	similar assurances			
	etters of Support from Neighboring F				
	Evidence of Notice to Adjoining Affe				
_	wner's Notarized Written Authorization (If Owner's Signature Cannot Be Obtained)				
	Other (please specify):				

RELEVANT FACTORS PERTAINING TO THE REQUEST						
I (we) have made (or desire to make) an application to accomplish the following objective(s):						
( 1) 1 1 1 1 ( 1 1 1 1 1 1 1 1 1 1 1 1 1						
☐ Please check this box if this request is to increase	□ Please check this box if this request to is obtain					
the number of lots served by an unpaved street	relief of the traffic service standards per Sec. 59-					
per Sec. 59-45(3)(d).	74.					
And the Planning and Zoning Department either denied it or stated that it does not conform on the grounds						
that:						
I request a WAIVER from Chapter 59 - The Land De	evelopment and Subdivision Regulations Ordinance of					
Berkeley County to be/have (Be specific with measurements, feet, acreage, numbers of, ratio, etc.):						
Whenever upon review of factual evidence, the s	trict application of the requirements contained in this					
chapter would result in extreme practical difficulties or undue misuse of property, the Planning Commission						
may modify such requirements as necessary so that the applicant is allowed to develop his or her property in						
a reasonable manner, providing that public interests are protected and the general intent and spirit of this						
chapter are preserved. The Planning Commission shall grant such waiver only upon a determination that:						
CONSIDERATIONS FOR WAIVER REQUEST						
	orate the following considerations:					
•	ental to the public health, safety, and general welfare of					
the county:						
2. Please explain how the waiver will not adversely affect the reasonable development of adjacent						
property:						
3. Please explain how the waiver is justified because of topography or other special conditions unique to the						
property involved, and the waiver is not rea	quested due to mere inconvenience or financial					
disadvantage:						
•						
4 Please explain how the waiver is consistent with	the objectives and requirements set forth in Chapter 59					
-	tent or purpose of this chapter or any other pertinent					
	lefit of purpose of this chapter of any other periment					
county or state regulations:						

## **APPLICANT DISCLOSURES**

I, the applicant, hereby acknowledge by my signature that this application is complete and accurate to the best of my knowledge, information, and benefit, have read and understand the terms and expectations associated with this Application, hereby release, hold harmless, and indemnify forever Berkeley County, its employees, and agents, both individually and jointly, from any and all liability or responsibility for any foreseen or unforeseen damage, including, but not limited to, death, bodily injury, personal injury, and property damage, arising from the home occupation located at the above-referenced property by adjoining landowners, visitors and/or any user of the home, including, but not limited to, the public at large, am the owner of the subject property or the authorized representative of the owner, authorize the subject property to be posted and/or inspected, AND hereby certify that the tract(s) or parcel(s) of land to which this request pertains is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity for which approval is sought, as provided in the South Carolina Code of Laws, Section 6-29-1145, and are exempt per Section 59.35 of the Berkeley County Code of Ordinances. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ PROPERTY OWNER AUTHORIZATION (IF DIFFERENT FROM APPLICANT) 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 special exception application. Property Owner(s) Printed Name: \_\_\_\_\_ Property Owner(s) Signature: \_\_\_\_\_\_ Date: \_\_\_ **OFFICE USE SECTION** AMOUNT PAID: \_\_\_\_\_ 

CHECK #:\_\_\_\_\_; 

CASH; 

ONLINE PAYMENT INTENDED DATE RECEIVED: \_\_\_\_\_; RECEIPT NUMBER: \_\_\_\_\_ DATE FILED: ; MEETING DATE: Administrative Officer or Designee DATE