TOWN OF HOLLYWOOD
BOARD OF ZONING APPEALS REQUEST
PO Box 519 Hollywood, SC 29449
Office: 843-889-3222 Fax: 843-889-3636

TYPE OF VARIANCE: __________________________

APPLICANTS MUST COMPLETE THIS FORM AND SUBMIT WITH $25.00 APPLICATION FEE ALONG WITH REQUIRED DOCUMENTATION BEFORE THE APPEAL PROCESS CAN BE INITIATED.

To be filled out by the applicant:

Applicant Name: ____________________________ Daytime Phone: __________________

Property Address: ____________________________
TMS: ____________________________
Property Owner and Address: ____________________________
(if different from above)

Describe what you are applying for and what is your hardship (if applicable):

__________________________________________

__________________________________________

REQUIRED INFORMATION:

☐ Tax map of property
☐ Scaled site plan or plat showing variance request
☐ For height variance, a scaled elevation of of proposed structure
☐ Photographs, letters, or petitions from neighbors which may be helpful in your appeal

I hereby acknowledge by my signature below that the above application is complete and accurate and that I am the owner or authorized representative of the owner of the subject property.

__________________________________________ Date:

Applicant Signature

TO BE COMPLETED BY STAFF:

Date application received: ________ Next Meeting Date: ________

Zoning District: ____________________________ Flood Zone: ________