

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.

Applicant Signature _____ **Date:** _____

TO BE COMPLETED BY STAFF:

Date application received: _____ Next Meeting Date: _____

Zoning District: _____ Flood Zone: _____