



Application No. _____

**APPLICATION TO VARY OR APPEAL
THE REQUIREMENTS OF THE
ORANGEBURG COUNTY ZONING ORDINANCE**

Applicant's Name: _____ Phone: _____

Address: _____ Tax Map No. _____

The applicant hereby respectfully requests (check one):

- () A variance from the requirements of the Ordinance.
(fill in Items #1 and #2)
- () An appeal for clarification or interpretation of the Ordinance.
(fill in Item #2)

(1) Give exact address and tax map reference to property for which a variance is requested, if different from above: _____

(2) Describe the nature of the variance/appeal requested and cite the specific action or provision from which the appeal is taken:

Additional information attached _____ YES _____ NO

Date

Signature of Applicant

NOTE: It should be understood by the applicant that while this application will be carefully reviewed and considered, the burden of proving the need for a variance or an appeal rests with the applicant.

Date

Signature of Applicant