

Planning, Building & Zoning Department  
115 Highway 17 North  
Surfside Beach, SC 29575  
Phone: 843-913-6341 FAX: 843-839-0057  
[www.townofsurfsidebeach.org](http://www.townofsurfsidebeach.org)



## APPLICATION TO APPEAL STAFF DECISION OR INTERPRETATION

### Fact sheet for applicants

#### **What is an appeal?**

Any party aggrieved by a decision or interpretation of planning staff may appeal the decision or interpretation to the Board of Zoning Appeals.

#### **When should I use this form?**

Use this form if you would like to appeal a decision. A meeting with town staff is extremely encouraged before submitting this appeal so that we can explain the process and answer your questions about it. To schedule this meeting, please contact Sabrina Morris at 843-913-6354 or you can email her at [smorris@surfsidebeach.org](mailto:smorris@surfsidebeach.org).

#### **What is the cost?**

The appeal fee is \$200.

#### **What is the deadline to appeal?**

15 calendar days after the date of the decision or zoning interpretation you are appealing.

#### **How can I submit this request?**

Stop by the Planning, Building & Zoning Department at 829 Pine Drive, Surfside Beach, SC 29575

#### **What happens after I submit this request?**

***Before the meeting:*** Staff will place your request on the agenda of the next eligible meeting of the Zoning Board of Appeals which usually will take place at least 30 days from when you submit the application, but no more than 60 days after submittal. Generally, the Board of Zoning Appeals meetings take place at 6:30 p.m. on the fourth Thursday of the month in the Council Chambers at Town Hall, but ***be sure to ask staff for the exact day and time that your request will go to the Board.***

Staff will give public notice about your request as required by state law and the Zoning Ordinance by placing a legal ad in the newspaper about the request.

Before the meeting, staff will provide a written report about the request to the Board members and will make the report available to the public through the Town's website. This report will contain staff's interpretation and reasons the decision or interpretation was made. The report also will include your application and supporting documents.

***During the meeting:*** During the meeting, staff will give a presentation about the appeal and answer any questions that the Board members may have about it. Then you will be given a chance to speak about why you are making the appeal and to explain why you believe the staff member's decision or interpretation was incorrect.

Both the Town and you may call witnesses on their behalf, but members of the general public otherwise may not appear and submit testimony.

The Board is charged solely with determining whether the decision or interpretation of the Planning, Building & Zoning Director is consistent with the provisions of the Zoning Ordinance that are in question. The Board does not function as a judge of whether the policies in question are or are not wise or beneficial.

After the conclusion of the hearing, the Board must affirm, partly affirm, modify, or reverse the decision or interpretation based on whether it finds the decision or interpretation to be consistent with the provisions of the Zoning Ordinance in question.

After that, there is a 30 day period after the meeting when anyone may appeal the case to circuit court, so any work done during this time is at your own risk.

## APPLICATION TO APPEAL STAFF DECISION OR INTERPRETATION

Date Received: \_\_\_\_\_

Case # Z-\_\_\_\_\_

Please use additional paper if necessary, to elaborate on your responses to the questions about the request. You may  
handwrite your responses or type them.

### PROPERTY INFORMATION

Street address of subject property: \_\_\_\_\_ Surfside Beach, SC 29575

PIN number of subject property: \_\_\_\_\_

### APPELLANT INFORMATION

Appellant's name	Mailing address	Phone number	Email address

What is your relationship to the subject property (e.g., property owner, have it under contract to purchase, tenant,  
contractor, real estate agent)? \_\_\_\_\_

I certify that I have completely read this application and instructions, that I understand all it includes, and that the  
information in the application and the attached forms is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are ***not*** the owner of the subject property but are appealing a decision on behalf of the owner of the subject  
property, the ***property owner*** must complete this box.

<p><b>Name of property owner:</b> _____</p> <p>If property owner is an organization/corporation, name of person authorized to represent its property interests: _____</p> <p><b>I certify that the person listed in the person listed above has my permission to represent this property in this application.</b></p> <p>Signature: _____ Date: _____</p> <p>Preferred phone number: _____ Email address: _____</p> <p>Mailing address: _____</p>
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**Please note: If the appeal is approved, you may still need to obtain permits, such as a building permit, before you can  
use the property as desired.**

## INFORMATION ABOUT APPEAL

**Describe the appeal generally.**

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**Which sections of the Zoning Ordinance is/are the basis for this appeal? In other words, what specific sections do you believe that staff interpreted or applied incorrectly?**

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**Please explain how the staff member erred in interpreting this/these section(s)?**

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**How are you aggrieved by the staff member's decision to interpret this/these section(s) differently than you do?**

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