



VARIANCE PROCEDURES

1. **Application:** All variance applications must be submitted in person to the Town of Atlantic Beach Administrator at Town Hall, 717 Atlantic St, Atlantic Beach, SC 29582 or mailed to P.O. Box 5285, North Myrtle Beach, SC 29597. Digital copies may be accepted with prior approval of the Town Administrator.

A complete Variance application shall include, but is not limited to, the following information:

- a) A completed Application form and appropriate fee;
 - b) A site plan drawn to scale (preferably at 1" = 30');
 - c) A list of the owners of record and their addresses for real property within 150 feet of the parcel(s) under consideration.
2. **Application Fees:** The standard variance application fee is \$400, plus noticing costs. All variance application fees must be submitted in person. Required fees shall be made payable to the "Town of Atlantic Beach" at the time of application submittal. Any applicant who has paid an appropriate fee pursuant to the submission of an application, but who chooses to withdraw such application prior to any review or action taken, shall be entitled to a refund of fifty (50) percent of the total amount paid upon written request to the Administrator.
 3. **Application Check-In Conference.** Application check-in conferences are mandatory for all variance application requests in order to determine whether the application meets minimum completeness requirements for acceptance. The check-in conference shall be made by appointment with the Administrator.
 4. **Application Deadline.** All applications shall be completed, have successfully gone through the check-in conference, and submitted to the Administrator 35 days prior to the Board of Zoning Appeals meeting date.
 5. **Complete Application Required.** A complete application must meet the requirements of the Town of Atlantic Beach Land Management Ordinance. The Administrator shall have fifteen (15) working days to review the application materials to confirm that all required items have been submitted. If incomplete, the Administrator shall inform the applicant in writing within the fifteen (15) day period, specifying reasons for which the application is insufficient. The applicant shall have sixty (60) days during which to provide the requested materials and complete the application. Thereafter, the application shall be voided.
 6. **Resubmission of Applications.** In the event that an application is denied or disapproved by the Board of Zoning Appeals, an application for the same request shall not be refiled for one (1) year from the advertised public hearing date. The Administrator upon petition by the applicant, may permit a refiling of said application after six (6) months from the original public hearing date upon a determination that significant physical, economic, or land use changes have taken place on the subject tract or within the immediate vicinity. The governing body may waive the time period for refiling where a significant text amendment to the Land Management Ordinance affecting the application has been adopted.

Case Number: _____



VARIANCE APPLICATION

(PIN) Parcel ID #'s			
Zoning District			
Area (sq. ft. or acres)			
Property Address or Description			
Current Use of Property			
Brief description of the Variance requested			

Ownership Information: *(include all owners. If necessary, add additional pages)*

Name:		
Address:		
City:	State:	Zip:
Phone:	Email address:	

Agent Information: *(if applicable)*

Name:		
Address:		
City:	State:	Zip:
Phone:	Email address:	

Office Use Only:

Date Submitted		Site Plan		Application Fee	
Received By		Advertisement Date		Advertisement Cost	
Adj Addresses Provided		Mailout Date		Mailout Cost	
Signs Needed		Property Posted Date		Sign Cost	
PINS Verified		Check-In Mtg Date		Total Fees	
Ownership Verified		BZA Mtg Date		Date fees paid	
Request(s) Verified				Receipt No.	

Case Number: _____

VARIANCE REVIEW CRITERIA

A variance may be granted if the Board of Zoning Appeals concludes that strict application of the provisions of the Land Management Ordinance would result in an unnecessary hardship. The following review criteria are defined by Sec 6-29-800 of the SC Code of Laws.

Answer **AND** explain the following questions: (Use a separate piece of paper if needed)

<p>Are there extraordinary and exceptional conditions pertaining to this particular piece of property?</p>
<p>Do the above stated conditions only apply to the subject property and do not generally apply to other properties in the vicinity?</p>
<p>Because of these conditions, would the application of the ordinance to the subject property effectively prohibit or unreasonably restrict the utilization of the property?</p>
<p>Would the approval of the variance cause a substantial detriment to adjacent properties or the public good, and will the character of the district not be harmed by the granting of the variance?</p>

CERTIFICATION AND SIGNATURE PAGE

- Applicant/Agent hereby certifies that the information provided in this application is correct and there are no covenants or deed restrictions in place that would prohibit this request.
- Applicant/Agent hereby certifies that they understand that variance may only be granted for requested relief from Articles IV-IX of the Land Management Ordinance and that all other development requirements must be met.
- Applicant/Agent hereby certifies that they understand that future subdivision or plat combination may render any variance granted null and void.
- Applicant/Agent hereby certifies that it understands that if the Board of Zoning Appeals grants a variance that it may attach to it such conditions regarding the location, character, or other features of the proposed building, structure, or use as the Board may consider advisable to protect established property values in the surrounding area or to promote the public health, safety, or general welfare.

Signature Blocks:

Owners <i>(include all owners. If necessary, add additional pages)</i>		
Print Name	Signature	Date
Print Name	Signature	Date
Corporation / Partnership <i>(if applicable)</i>		
Print Corporation/Partnership Name <i>(If in LLC or Corp. name, provide authorization to sign)</i>		
By		
Print Name	Signature	

Designation of Agent (if applicable):		
I hereby appoint the person listed below as agent to act on my behalf for the purpose of filing such application for rezoning, as he/she shall deem necessary and proper.		
Agent's Name (Print)	Signature of agent	Date
Owner's Name (Print)	Signature of owner <i>(include signatures of all owners. If necessary, add additional pages)</i>	Date
Witness Signature	Date	

Case Number: _____

ADJACENT PROPERTY OWNERS

Provide the names and addresses of all property owners within 150 feet of the subject properties. Include all owners. If necessary, add additional pages.

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip:

Name:		
Address:		
City:	State:	Zip: