



## SPECIAL EXCEPTION PROCEDURES

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1. **Application:** All special exception 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.
2. **Application Fees:** The standard special exception application fee is \$400. All special exception application fees must be submitted in person. Required fees shall be made payable to the "Town of Atlantic Beach." 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 special exception 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. **Review and Approval.** The Board of Zoning Appeals will review the application based upon the Special Exception Review Criteria defined in Section 5.3.332 of the Land Management Ordinance. With approval, the Board of Zoning Appeals may attach such conditions regarding the location, character, or other features of the proposed building, structure, or use to protect the surrounding property values and promote the public health, safety, or general welfare.
7. **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.



## TOWN OF ATLANTIC BEACH

### 2024 BZA SUBMITTAL DEADLINES AND MEETING SCHEDULE

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The Board of Zoning Appeals is scheduled to meet on the fourth Thursday of each month at the Atlantic Beach Community Center at 5 pm. These meetings are open to the public. These meetings are subject to cancellation should there be no business to conduct.

Rezoning Applications shall be submitted at least 35 calendar days prior to the Board of Zoning Appeals Public Hearing to allow for a formal staff review and to provide adequate public notice.

Month	Submission Deadline	BZA Meeting
January 2024	December 21, 2023	January 25, 2024
February 2024	January 18, 2024	February 22, 2024
March 2024	February 22, 2024	March 28, 2024
April 2024	March 21, 2024	April 25, 2024
May 2024	April 18, 2024	May 23, 2024
June 2024	May 23, 2024	June 27, 2024
July 2024	June 20, 2024	July 25, 2024
August 2024	July 18, 2024	August 22, 2024
September 2024	August 22, 2024	September 26, 2024
October 2024	September 19, 2024	October 24, 2024
November 2024	October 17, 2024	November 21, 2024
December 2024	November 14, 2024	December 19, 2024

Case Number: \_\_\_\_\_



## SPECIAL EXCEPTION APPLICATION

(PIN) Parcel ID #'s			
Area (sq. ft. or acres)			
Zoning District			
Property Address or Location Description			
Existing Use			
Proposed Use			
Describe the proposed density of the special exception use, expressed in terms of dwelling units, hotel/motel rooms per net acre, or total square footage per net acre:			
Describe the traffic impact of the project:			
Attach a site plan drawn to scale (preferably at 1" = 30') accurately showing the special exception requested. The site plan shall include all required depictions and exhibits as required by Sec. 5.3.325D and meet the special standards associated with the use as shown in Table 5.3.502.			

**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		<b>Total Fees</b>	
Ownership Verified		BZA Mtg Date		Date fees paid	
Request(s) Verified				Receipt No.	

Case Number: \_\_\_\_\_

**Special Exception Review Criteria:**

The following are the review criteria in which the Board of Zoning Appeals will use to evaluate the special exception request. Respond to the following questions: (Use a separate piece of paper if needed)

<p>Describe if and how the requested special exception is consistent with the Town's Comprehensive Plan, as well as the character, purposes, and requirements of the applicable zoning district.</p>
<p>Describe if and how the requested special exception is compatible with the existing uses and pedestrian / vehicular circulations adjacent to and near the property.</p>
<p>Describe any noise, glare, smoke, dust, odor, fumes, water pollution, or general nuisances that the requested special exception may generate that could be hazardous, detrimental, or disturbing to surrounding land uses.</p>
<p>Indicate if the requested special exception could adversely affect the development of the general neighborhood or of the district in which the use is proposed.</p>
<p>Identify the water and sewer supply, storm water facilities, waste disposal, and other public services necessary to support this project.</p>
<p>Identify and important natural features on the site and if they will be preserved and incorporated into the development's design.</p>

Case Number: \_\_\_\_\_

**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 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 to protect the surrounding property values and promote the public health, safety, or general welfare.
- Applicant/Agent hereby certifies that they understand that a special exception is only one step in the development process. The Applicant/Agent must also ensure that all development requirements are met and understands that a special exception does not alleviate other development requirements.

**Signature Blocks:**

**Owners** *(include all owners. If necessary, add additional pages)*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Corporation / Partnership**

\_\_\_\_\_  
Print Corporation/Partnership Name ***(If in LLC or Corp. name, provide authorization to sign)***

By

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Designation of Agent:**

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.

\_\_\_\_\_  
Print agents name

\_\_\_\_\_  
Signature of agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner *(include all owners. If necessary, add additional pages)*

\_\_\_\_\_  
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:

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Name:		
Address:		
City:	State:	Zip: