

## Planning & Development Department

Physical (By Appointment Only): 155 Johnston Street, Rock Hill, SC 29730

Mailing: PO Box 11706, Rock Hill, SC 29731-1706

[www.cityofrockhill.com](http://www.cityofrockhill.com)



## APPEAL APPLICATION

### WHEN TO USE THIS PROCESS

Use this application to appeal any decision or interpretation of planning staff to the Zoning Board of Appeals, the Board of Historic Review, the Traffic Commission, or the Construction and Fire Prevention Code Board of Appeals.

### APPLICATION PROCESS

1. **Submit the appeal application and associated documents** in PDF format through the Online Services website at [www.cityofrockhill.com/onlineservices](http://www.cityofrockhill.com/onlineservices). Select the option to **Submit Plans** under the **Project** section of the page.

There is no cost to appeal.

**Note:** You must submit this application within **20 calendar days** of the date of the decision or interpretation.

2. **We will schedule the appropriate board to hold a hearing** regarding the appeal.
  - Staff will provide a written report about the request to the Board members.
  - 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 City and you may call witnesses on their behalf, but members of the general public otherwise may not appear and submit testimony.
  - At the conclusion of the hearing, the Board will 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 applicable code in question. The Board does not function as a judge of whether the policies in question are or are not wise or beneficial.
3. **If the request is granted**, there is a period after the Board meeting (usually approximately 60 days) when anyone may appeal the case to circuit court, so any work done during this time is at your own risk.

**Please note: If the appeal is approved, you may still need to obtain other types of permits, such as a building permit, before you can use the property as desired. These require separate application processes and fees.**

#### Staff contacts

To see who the current staff liaisons are for these Boards, visit these webpages:

- [Zoning Board of Appeals](#)
- [Board of Historic Review](#)
- [Traffic Commission](#)
- [Construction and Fire Prevention Code Board of Appeals](#)

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### APPEAL APPLICATION

Tax map number	Address(es)	Property owner
<i>Example: 233-21-23-576</i>	420 Example St.	Rock Hill Cars, LLC

#### APPELLANT

Appellant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To which board are you appealing? Zoning Board of Appeals  Board of Historic Review   
Traffic Commission  Construction & Fire Prevention Board of Appeals

Do any recorded deed restrictions or restrictive covenants apply to this property that would prohibit, conflict with, or be contrary to the activity you are requesting? For example, does your homeowners association or property owners association prohibit the activity or need to approve it first? **Yes**  **No**

- If yes, please describe the requirements: \_\_\_\_\_  
\_\_\_\_\_

Are you the owner of the subject property? Yes  No

- If no, what is your relationship the property (e.g., have it under contract to purchase, tenant, contractor, real estate agent)? \_\_\_\_\_
- If you are not the owner of the subject property, the property owner must complete the gray box below.

**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.**

Appellant signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PROPERTY OWNER

Property owner name (authorized representative, if corporation): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that the applicant listed above has my permission to represent this property in this application.**

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

## INFORMATION ABOUT APPEAL

Describe the appeal generally.

Which code section(s) is/are the basis for this appeal? In other words, what specific sections do you believe that staff interpreted or applied incorrectly?

How would you contend that the staff member erred in interpreting this/these section(s)?

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