

## Planning & Development Department

803-326-3893 / [Diana.Fragomeni@cityofrockhill.com](mailto:Diana.Fragomeni@cityofrockhill.com)

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)



## VARIANCE APPLICATION

### WHEN TO USE THIS PROCESS

Use this application to request a variance from the Zoning Board of Appeals. A variance request means that you are asking the Zoning Board of Appeals to allow you to forgo meeting specific requirements of the Zoning Ordinance. Only some standards are eligible for variance requests.

### APPLICATION PROCESS

- Contact Amy Britz** to schedule a meeting or phone conversation about the request. (Contact information above.)
- Submit the 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.
- We will email you an invoice** for the application fee, which you will pay online.
  - \$100 for residential property; \$300 for non-residential property
  - If you decide to withdraw the application before staff submits the legal advertisement for the public hearing on it, 50% of the fee is refundable; after that time, the fee is not refundable, whether you are successful in obtaining approval for the request or not.
  - If you are also requesting another type of request from the Zoning Board of Appeals during the same meeting, such as a special exception request, only one application fee is required.
- The Zoning Board of Appeals will hold a public hearing** where people may speak for or against the request.
  - We are required to advertise the request in accordance with state law. At least 15 calendar days in advance of the hearing, we will post a public hearing sign(s) on the property, mail a postcard to all property owners and tenants within 300 feet, and will place a legal advertisement in *The Herald*.
  - The Zoning Board of Appeals usually meets at 6 p.m. on the third Tuesday of the month in the Council Chambers at City Hall. The calendar for the year is available on our website.
  - Staff will provide a written report about the request to the Board members, which also will be posted on the City's website. The report will include your application and supporting documents.
  - You must attend this meeting to explain your request and answer questions about it.
  - At the conclusion of the public hearing, the Zoning Board will decide whether to approve the application as requested, approve it with conditions, or not approve it.
- 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 application 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.**

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**VARIANCE APPLICATION**

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

**APPLICANT**

Primary Applicant Name: \_\_\_\_\_

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

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

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.**

Applicant 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 REQUEST

### General description of your request:

**Findings of fact:** Under state law, the Zoning Board of Appeals must find that your request satisfies **all four** of the following statements. Please explain why you believe your request satisfies each of the statements.

1. Your land has extraordinary and exceptional conditions that pertain to it.
2. Other property in the vicinity of your land does not generally have those same extraordinary and exceptional conditions.
3. If the City applied its regular zoning requirements to your property, your use of the land would be unreasonably restricted or effectively prohibited.
4. If the Zoning Board of Appeals grants the variance request, it will not harm adjacent land or the publicgood.

**List any exhibits that you have provided to help explain your request to the Board. Site plans and photographs are usually very helpful.**