



BOARD OF ZONING APPEALS – SITE DESIGN (BZA-SD)

APPEAL FOR RECONSIDERATION

City of Charleston | Department of Planning, Preservation & Sustainability – Zoning Division
2 George Street, Charleston, SC 29401 843-724-3765 www.charleston-sc.gov/bza-sd

This application, along with all required information, must be submitted in PDF format to BZA-SD@charleston-sc.gov. The applicant will be invoiced for the application fee. **Applications are due by 12:00 noon on the deadline date and must be complete to be accepted and placed on an agenda.** A sign will be posted on the property, and a public hearing will be conducted by the Board of Zoning Appeals – Site Design. Permits authorized by the Board cannot be issued during a five (5) business day appeal period following the decision of the Board. An appeal to the Board during this five (5) business day appeal period stays all further action on the application.

REQUESTED BZA-SD MEETING DATE: _____

Property Address:	TMS #:
Zoning of Property:	
Property Owner(s):	Phone #:
Applicant:	Phone #:
Applicant's Mailing Address:	
Applicant's Email:	
Relationship of Applicant to Owner (same, representative, buyer, other):	

RECONSIDERATION OF BOARD DECISION:

In the case of an appeal for **reconsideration of a Board decision**, applicant shall state below the grounds upon which it is considered that the Board misapprehended or misconceived the question or questions involved, or the ground or grounds upon which it is considered that the Board has erred in its finding or disposition of the appeal, application or matter (*add as an attachment if necessary*):

BZA-SD RECONSIDERATION APPLICATION (continued):

RECONSIDERATION OF A DECISION OF THE ZONING ADMINISTRATOR:

In the case of an appeal for **reconsideration of a decision of the Zoning Administrator**, applicant shall state below the interpretation(s) of the Zoning Ordinance being appealed, how the applicant is aggrieved by the interpretation(s), and what the applicant contends is the correct interpretation of the Zoning Ordinance:

I certify that the information on this application and any attachments is correct.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY	Date/Time Application Received:	Fee:	Staff:
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**BOARD OF ZONING APPEALS – SITE DESIGN
ORDER ON APPEAL**

The Board of Zoning Appeals – Site Design held a public hearing on _____ to consider the above appeal for reconsideration of a decision of the Board or the Zoning Administrator alleged to be erroneous by the appellant and affecting the property described above. After consideration of the evidence and arguments presented, the Board makes the following findings of fact and conclusions.

1. The Board makes the following findings of fact which are supported by the evidence:

2. The Board concludes the following:

In the case of an appeal for **reconsideration of a decision of the Board**, the Board _____ denies the appeal --- _____ grants the appeal, withdraws its decision, and agrees to hear the application de novo, as if no hearing, consideration or determination has been previously made or heard.

In the case of an appeal for **reconsideration of a decision of the Zoning Administrator**, the Board orders that the decision of the Zoning Administrator is _____ affirmed _____ reversed _____ modified as follows:
