



CITY OF COLUMBIA BOARD OF ZONING APPEALS APPLICATION for VARIANCE

OFFICE USE ONLY:

Date Received _____ By _____
Case Number _____ Fee (CODE 05) \$ _____

*****VERY IMPORTANT – PLEASE READ THIS SECTION THOROUGHLY*****

APPLICATION MUST BE SUBMITTED AND COMPLETE BY 12:00 NOON ON DEADLINE DATE!

City staff cannot place this application upon the agenda of the Board of Zoning Appeals unless the applicant performs the following tasks prior to the deadline date:

1. **Answer all questions** upon this application.
2. **Sign and date** this application.
3. **Include a site plan drawn to scale**, showing the shape and dimensions of the lot; the location and size of existing and/or proposed structures, if any; the location and size of required parking spaces, if any; and the location of required landscaping and bufferyards, if any.

In addition, City staff recommends that you:

1. **Provide photographs** of the subject property and contiguous property.
2. **Contact the neighborhood association and the property owners of contiguous property** and inform each of your application. Opinions of these persons are best communicated to the Board in writing.
3. **Attach additional paper** if you feel that any portion of this application does not provide enough space.

THE APPLICANT MUST BE PRESENT AT THE PUBLIC HEARING!

**THE BOARD OF ZONING APPEALS CONDUCTS PUBLIC HEARINGS ON
THE SECOND TUESDAY OF EACH MONTH AT
CITY HALL, CITY COUNCIL CHAMBERS, THIRD FLOOR
1737 MAIN STREET (Southwest Corner of Main and Laurel Streets)
COLUMBIA, SOUTH CAROLINA, 29201**

Location/Subject Property: _____
Tax Map Number (Sheet, Block, and Lot(s)): _____
Zoning District: _____

Describe your proposal in detail: _____

The Zoning Ordinance classifies this use as a (include SIC Code Number): _____

Area Attributed to Your Proposal (in square feet): _____

Are other uses located upon the subject property? (if YES, list each use and the square feet attributed to each use):

Total Number of Parking Spaces Upon the Subject Property: _____

This proposal does not conform to the Zoning Ordinance in the following way:	
Zoning Ordinance Section & Requirement	Proposed Instead
1.	
2.	
3.	
4.	

Please demonstrate how you satisfy the following **CRITERIA FOR VARIANCE** (see §17-112 (3) b. of the Zoning Ordinance). Please note that the members of the Board of Zoning Appeals will use your answers, among other things, as they evaluate your application:

1. **Extraordinary and exceptional conditions** pertain to the subject property: _____

2. The conditions noted above **do not generally apply to other property** in the area: _____

3. Because of the conditions noted above, the requirements of the Zoning Ordinance effectively **prohibit or unreasonably restrict the use** of the property: _____

4. Approval of the variance **would not be of substantial detriment to adjacent property or to the public good, and the character of the district would not be harmed:** _____

Section 17-112 (3) b.6. asks, "Is the variance the **minimum necessary**?" _____

And §17-112 (2) b.7. asks, "Is your proposal in harmony with the **purpose and intent of the Zoning Ordinance**, and will it not be injurious to the neighborhood or otherwise detrimental to the public welfare?" _____

Applicant (PLEASE PRINT CLEARLY): _____

Name of Company: _____

Address: _____

City, State, ZIP: _____

Office Telephone Number: _____ Home Telephone Number: _____

Cellular Telephone Number: _____ Fax Number: _____

Do you check email at least once per day? () Y () N Email Address: _____

Relationship to Property Owner:

- | | |
|------------------------------|----------------------|
| () Same; | () Lessee; |
| () Agent of property owner; | () Contract lessee; |
| () Contract purchaser; | () Other _____. |

Unless the applicant is property owner, the applicant must complete and submit a LETTER OF AGENCY.

By signing below, I, the applicant, understand and/or acknowledge that:

1. I have completely read this application and understand all that it includes;
2. While the members of the Board of Zoning Appeals will carefully review and consider this application, the burden of proving conformance with the criteria for grant of variance rests with me;
3. The proposed use and construction complies or will comply with all other requirements of the City of Columbia Zoning Ordinance;
4. The Board of Zoning Appeals will render a written final decision regarding my application as soon as possible following the public hearing; and
5. Any time frames related to an appeal of a decision of the Board of Zoning Appeals shall start from the date that the written final decision is signed by the Chairman of the Board of Zoning Appeals.

Signature _____ Date _____



LETTER OF AGENCY

DATE: _____
TO: **ZONING ADMINISTRATOR, CITY OF COLUMBIA**

I, the undersigned PROPERTY OWNER below, do hereby attest that I am the person that holds, or I am authorized to act on behalf of the party that holds, fee simple interest in the following property:

COMMON STREET ADDRESS(ES): _____,

also known by TAX MAP NUMBER(S): _____.

Further, I hereby authorize the person listed as AUTHORIZED AGENT below to act on my behalf for the purpose of submitting documents, amending documents, meeting with staff, attending public meetings and hearings, and as otherwise may be necessary and proper to fulfill the required steps to request (CHECK ALL THAT APPLY):

- a **variance** from the Board of Zoning Appeals;
- a **special exception** from the Board of Zoning Appeals;
- an **appeal of the decision of the Zoning Administrator** from the Board of Zoning Appeals;
- a change to the Zoning Maps of the City of Columbia from City Council, **rezoning** the property listed above from _____ to _____; and/or
- site plan review** by the Planning Commission.

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____
 PRINT Name of Property Owner: _____
 Street Address of Property Owner: _____
 City, State, ZIP of Property Owner: _____
 Telephone Number of Property Owner: _____

SIGNATURE OF WITNESS: _____ DATE: _____
 PRINT Name of Witness to Signature of Property Owner: _____

SIGNATURE OF AUTHORIZED AGENT: _____ DATE: _____
 Name of Authorized Agent: _____
 Company/Firm of Authorized Agent: _____
 Street Address of Authorized Agent: _____
 City, State, ZIP of Authorized Agent: _____
 Telephone Number of Authorized Agent: _____

Site Plan Checklist

CITY OF COLUMBIA BOARD OF ZONING APPEALS

Please use this as your guide when submitting an application to the Board of Zoning Appeals.
Be advised that failure to provide an item below could delay your consideration by the Board.

Project: _____

TMS#: _____

	<u>Yes</u>	<u>No</u>
1. Name, address, and phone number of applicant	<input type="checkbox"/>	<input type="checkbox"/>
2. Tax map reference & existing zoning	<input type="checkbox"/>	<input type="checkbox"/>
3. Photograph(s) of area affected	<input type="checkbox"/>	<input type="checkbox"/>
4. Neighborhood President or Neighborhood Association (<i>MUST BE CONTACTED</i>) (Staff can give you this information)	<input type="checkbox"/>	<input type="checkbox"/>
5. All questions on the application have been fully answered	<input type="checkbox"/>	<input type="checkbox"/>
6. The owner or agent with proper written authorization of owner has signed the application	<input type="checkbox"/>	<input type="checkbox"/>
7. Plat (To scale) (<i>may be purchased at Richland Co. Deeds & Mortgages</i>) (1701 Main Street) (803)-576-1910)	<input type="checkbox"/>	<input type="checkbox"/>
8. Landscaping plan and review by City Landscape Planner	<input type="checkbox"/>	<input type="checkbox"/>
9. Total acreage	<input type="checkbox"/>	<input type="checkbox"/>
10. Site Plan Showing:	<input type="checkbox"/>	<input type="checkbox"/>
a. Setback from building and property line		
b. Lot dimensions (to determine lot coverage)		
c. North arrow shown		
d. Egress & Ingress shown		
e. Signage – Site plan illustrating location of proposed signs		
f. Signage – Illustration of signage showing dimensions & setbacks		
11. Vicinity map (at 1" = 1,000')	<input type="checkbox"/>	<input type="checkbox"/>
12. Buildings and parking shown to scale	<input type="checkbox"/>	<input type="checkbox"/>
13. Setback from building and property line	<input type="checkbox"/>	<input type="checkbox"/>
14. Lot dimensions (to determine lot coverage)	<input type="checkbox"/>	<input type="checkbox"/>
15. Number of Dwelling Units (<i>Residential Only</i>) & Size of Units	<input type="checkbox"/>	<input type="checkbox"/>

- | | | | |
|------------|--|--------------------------|--------------------------|
| 16. | 8 ½” x 11” (1 copy- site plan/diagram) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | North arrow shown | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | Number of height & stories | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Floor plan (Optional, but encouraged) | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Egress & Ingress shown | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | Signage – Site plan illustrating location of proposed signs | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | Signage – Illustration of signage showing dimensions & setbacks | <input type="checkbox"/> | <input type="checkbox"/> |

Signature _____

Date _____



FEE SCHEDULE for ZONING APPLICATIONS

ZONING PERMITS

	<u>COST</u>
SINGLE FAMILY RESIDENTIAL (UNDER \$10,000)	\$5.00
SINGLE FAMILY RESIDENTIAL (OVER \$10,000)	\$10.00
MULTI-FAMILY	\$10.00
COMMERCIAL (UNDER \$50,000)	\$10.00
COMMERCIAL (OVER \$50,000)	\$10.00 + \$1.00 FOR EACH ADDITIONAL \$50,000

REQUESTS

BOARD OF ZONING APPEALS (VARIANCES, SPECIAL EXCEPTIONS, AND ADMINISTRATIVE APPEAL)

	<u>COST</u>
RESIDENTIAL	\$50.00
COMMERCIAL (UNDER \$50,000)	\$75.00
COMMERCIAL (OVER \$50,000)	\$125.00
LANDMARKS COMMISSION	\$25.00
REQUESTS FOR RECONSIDERATION	½ ORIGINAL FEE

REZONINGS

	<u>S.F. TO S.F.</u>	<u>OTHER</u>
FIRST LOT (LESS THAN 2 ACRES)	\$100.00	\$200.00
FIRST LOT (MORE THAN 2 ACRES)	\$125.00	\$250.00
EACH ADDITIONAL LOT OR ACRE	\$25.00	\$50.00

SUBDIVISIONS

	<u>PRELIMINARY PLATS</u>	<u>FINAL PLATS</u>
1-25 LOTS	\$75.00	\$37.50
26-50 LOTS	\$75.00 + \$3.00	\$37.50 + \$1.50
51-100 LOTS	\$150.00 + \$2.00	\$75.00 + \$1.00
101 AND UP	\$250.00 + \$1.00	\$100.00 + \$.50.

EXEMPTED PLATS

EXISTING LOT OF RECORD (MEANING NO CHANGES ON PLAT)	\$5.00
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RESIDENTIAL GROUP DEVELOPMENT PLAN REVIEW FEE

1-25 UNITS	\$75.00
26-50 UNITS	\$75.00 + \$3.00
51-100 UNITS	\$150.00 + \$1.00
101 AND UP	\$250.00 + \$1.00

COMMERCIAL/INDUSTRIAL DEVELOPMENT PLAN REVIEW FEE

10,000 SQ. FT. TO 50,000 SQ. FT.	\$50.00 FOR FIRST 10,000 SQ. FT., + \$7.50 FOR EACH ADDITIONAL 10,000 SQ. FT.
50,000 SQ. FT. TO 100,000 SQ. FT.	\$100.00
100,000 SQ. FT. OR MORE	\$100.00 FOR FIRST 100,000 SQ. FT., + \$15.00 FOR EACH ADDITIONAL 10,000 SQ. FT.