



PLANNING & CODES ADMINISTRATION

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BOARD OF ARCHITECTURAL REVIEW
NOTICE OF APPEALS FROM ACTION OF THE ZONING OFFICIAL

Please complete in ink and return to the Planning and Codes Administration Department with required attachments, information, and filing fee. Appeals applications require a filing fee of \$50 and a designation of agent if owner is not the applicant. Both sides of this application must be completed; incomplete applications will not be accepted.

File no.: AR - - PIN: - - - - - Date submitted: / / Board of Zoning Appeals meeting date: / /

OWNER(S) INFORMATION
Last name: First: Middle: Interest
Mailing address: City: State: ZIP Code:
Daytime phone no.: Fax no.: E-mail:

APPLICANT INFORMATION
To be completed only if Owner is not Applicant:
Applicant's last name: First: Middle:
Mailing address: City: State: ZIP Code:
Daytime phone no.: Fax no.: E-mail:

PROPERTY INFORMATION
Property address: Property dimensions: Property area: Zoning district:
acres

DESIGNATION OF AGENT
To be completed by Owner(s) only if Owner is not Applicant:
I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this appeal proceedings.
Owner name Owner signature Date
Applicant name Applicant signature Date

1. Request for appeal

Applicant hereby appeals to the Board of Architectural Review from the action of the Zoning Official affecting the property described on this application on the grounds that:

- 1. Granting of a permit
- 2. Denial of a permit

to permit the following: _____ was erroneous and contrary to the provisions of the Architectural Standards for AR District _____ as described in Section 19-_____ of the Zoning Ordinance or other action or decision of the Zoning Official was erroneous as described:

2. How the applicant is aggrieved:

The applicant is aggrieved by the action or decision in that:

3. Applicant's Interpretation of this matter:

The applicant contends the correct interpretation is:

4. Relief demanded:

The applicant requests the following relief: