



**COUNTY COUNCIL OF BEAUFORT COUNTY**  
**Beaufort County Zoning & Development**  
Multi Government Center • 100 Ribaut Road  
Post Office Drawer 1228, Beaufort, SC 29901-1228  
OFFICE (843) 255-2170  
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**BEAUFORT COUNTY - ZONING BOARD OF APPEALS**  
**APPLICATION FOR SPECIAL USE PERMIT**

**INSTRUCTIONS:**

Please fill out this application form completely. Attach any pertinent materials that may help the board members to better understand your request, i.e. photos, maps, drawings, etc. Failure to follow these instructions may result in rejection of your application.

1. Property Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
2. Applicant Name (if different): \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
3. Property Location: Tax District # \_\_\_\_\_ Tax Map # \_\_\_\_\_ Tax Parcel # \_\_\_\_\_ Lot # \_\_\_\_\_  
Street Address: \_\_\_\_\_
4. Please state the reason for the Special Use Permit. (Attach additional sheets as needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If request is for a non-conforming situation, please state how the nonconformities will be mitigated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Date the DRT granted approval/recommendations: \_\_\_\_\_
7. Is the property restricted by recorded covenants that are contrary to or conflict with the requested permit activity?  
( ) YES ( ) NO

**NOTE: THE BOARD MAY POSTPONE OR PROCEED TO DISPOSE OF THE MATTER ON THE AGENDA IN THE ABSENCE OF THE APPLICANT.**

I hereby agree to abide by all conditions imposed by the County of Beaufort in the approval/disapproval of this appeal.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Printed Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*"Professionally we serve; Personally we care!"*