



City of Spartanburg Planning Department

Appeal Supplemental Application Form

Post Office Box 1749

Phone: 864.596.2068

Spartanburg, SC 29304

Fax: 864.596.2360

Name of Development \_\_\_\_\_

Location \_\_\_\_\_

City Official or Body that made the Decision \_\_\_\_\_

Date of the Decision you are Appealing \_\_\_\_\_

Please summarize the Decision you are Appealing \_\_\_\_\_

\_\_\_\_\_

Please explain the Basis for your right to Appeal \_\_\_\_\_

\_\_\_\_\_

The Nature of the Appeal \_\_\_\_\_

\_\_\_\_\_

**ALL OF THE FOLLOWING ITEMS MUST BE ATTACHED** in order for this application to be complete.

- A detailed narrative outlining grounds of the Appeal, and citing any Zoning Ordinance section number(s) relied upon; **and** a statement of the specific decision requested of the Board of Zoning Appeals
- When an Appeal is filed by an Agent for another party, that party must submit written certification consenting to the Appeal
- Filing Fee- \$50.00

<b>For Official Use Only</b>	
Date Received _____	Time _____
Accepted by _____	Master Tracking Number _____