

Board of Zoning Appeals
Information Sheet
City of Isle Palms

Date Filed: _____

Appeal Number _____

Instructions:

This form must be completed for a hearing on appeal from action of a zoning official, application for a variance, or application for a special exception. Entries must be printed or typewritten. If the applicant is not the owner of the property, all must sign.

Property Address _____

Lot _____ Block _____ TMS _____

Area of Lot _____ Zoning Classification _____

Applicant(s) Name _____

Address _____

Telephone _____

Interest (i.e. Owner, Owner's attorney, Architect, etc) _____

Owner(s) (if different from applicant) _____

Name _____

Address _____

Telephone _____

I (We) certify that this application and all supporting documents attached are correct.

Applicant signature/date

Owner signature (if different from applicant)/ date

Board of Zoning Appeals
Special Exception Application
Home Occupation
City of Isle of Palms

1. Applicant hereby appeals to the Board of Zoning Appeals for a special exception for the use of the property described on the information sheet (page 1) as (give brief description of business): _____
2. Will there be any work other than office work (i.e. use of phone, computer, fax, etc.) occurring at this residence? Yes _____ No _____. If yes, please explain: _____
3. Will there be any evidence of a business from a visual inspection of the exterior of this residence? Yes _____ No _____ If yes, please explain: _____
4. Will any signs, merchandise, equipment or other articles be displayed in a manner that they are visible from the street? Yes _____ No _____
5. Will there be any business related traffic coming to this residence? Yes _____ No _____. If yes, please explain and give frequency: _____
6. Will there be any employees working in this residence other than family members? Yes _____ No _____
7. Will any business related activity be conducted on your property, but outside of the house (i.e. in a detached shed or in the yard)? Yes _____ No _____
8. Will any merchandise or articles be stored at any location other than inside this residence? Yes _____ No _____ If yes, explain: _____
9. Will more than 25% of the floor of this residence be devoted to the occupation? Yes _____ No _____
10. Will any equipment or materials that are not normal to a household be used or stored at this residence in connection with the occupation? Yes _____ No _____
11. Will the occupation generate any noise, vibration, heat, glare, smoke, odor, or dust perceptible to your neighbors? Yes _____ No _____
12. Are there currently any other home occupations operating at this residence? Yes _____ No _____

Describe in full the nature of your occupation, profession, or trade by listing all activities related to such occupation that will be undertaken in your home: _____

In applying for this special exception home occupation, I have answered the questions truthfully and have not omitted any information about my home occupation which, if disclosed, would result in a denial of this application in accordance to section 5-4-7 (a) (b) of the City of Isle of Palms Code of Ordinances.

I further acknowledge that, if granted, the special exception home occupation and business license issued under authority of that permit may be revoked if any of the information contained in this application is found to be untruthful or if I fail to meet the requirements of section 5-4-44 and 5-4-2(18): If I have failed to provide information fully describing the home occupation to be conducted on my premises, or at any time the conduct of my home occupation may constitute a nuisance as defined in section 5-4-44 or section 6-1-11, et. Esq., of the City of Isle of Palms Code of Ordinances. Any activity which adversely diminishes the residential character of my neighborhood may be cause for revocation of my home occupation. Outdoor advertising is not allowed under this license.

Signature of applicant & date