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

Application Number:	Date Filed:				
Applicant Information					
Applicant Name:					
Phone Number:					
Email Address:					
Property Information					
Property Owner or Representative:					
Subject Property Address:					
Zoning District:					
. Please describe the special exception request in detail. An accurate plot plan showing all property dimensions and locations of all structures and improvements must be attached, if applicable. Please indicate if the request is a permitted special exception under the district regulation and what section of the Zoning Ordinance it is permitted under. You may attach a separate sheet if necessary.					

2.	Will the standards in Section 5-4-5(c) of the Zoning Ordinance be met? Please explain in detail how the standards will be met (see Section 5-4-5 at the bottom of the application.)					
3.	What conditions will be imposed to meet the standards in the Zoning Ordinance, if necessary?					
Ap	oplicant Signature:					
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Da	ite:					