

CITY OF MANNING



BOARD OF ZONING APPEALS

**Notice of Appeals – Form 1
(SPECIAL EXCEPTION)**

DATE: _____ **APPLICATION #:** _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

TELEPHONE NUMBER: _____

TAX MAP NUMBER: _____

TYPE OF SPECIAL EXCEPTION REQUESTED: _____

EXPLANATION OF SPECIAL EXCEPTION REQUESTED: _____

SIGNATURE OF APPLICANT

**** PLEASE ATTACH ALL PERTINENT PLATS, RECORDS, DOCUMENTS, ETC., THAT RELATE TO THIS APPLICATION FORM.**

INSTRUCTIONS FOR COMPLETING
NOTICE OF APPEALS – FORM 1 (SPECIAL EXCEPTION)
BOARD OF ZONING APPEALS

ITEM 1: ENTER DATE THIS FORM IS BEING COMPLETED.

ITEM 2: APPLICATION # WILL BE ASSIGNED BY CITY HALL.

ITEM 3: PRINT APPLICANT'S NAME.

ITEM 4: PRINT APPLICANT'S ADDRESS.

ITEM 5: PRINT TELEPHONE NUMBER APPLICANT CAN BE REACHED DURING NORMAL BUSINESS HOURS.

ITEM 6: ENTER TAX MAP NUMBER WHERE SPECIAL EXCEPTION IS BEING REQUESTED.

ITEM 7: ENTER THE TYPE OF SPECIAL EXCEPTION BEING REQUESTED.

ITEM 8: EXPLAIN THE REASON THE SPECIAL EXCEPTION IS BEING REQUESTED.

ITEM 9: SIGN FORM.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**