

**CITY OF MANNING**



**BOARD OF ZONING APPEALS**

**Notice of Appeals – Form 1  
(VARIANCE REQUEST)**

**DATE:** \_\_\_\_\_ **APPLICATION #:** \_\_\_\_\_

**APPLICANT'S NAME:** \_\_\_\_\_

**APPLICANT'S ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**TAX MAP NUMBER:** \_\_\_\_\_

**TYPE OF VARIANCE REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

**EXPLANATION OF VARIANCE 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 (VARIANCE REQUEST)**  
**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 VARIANCE IS BEING REQUESTED.

**ITEM 7:** ENTER THE TYPE OF VARIANCE BEING REQUESTED.

**ITEM 8:** EXPLAIN THE REASON THE VARIANCE 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**