



CAMDEN COUNTY APPEAL APPLICATION

- Hardship Variance
- Appeal of Administrative Decision
- Special Exception for: _____
- Flood Damage Prevention Variance

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| <p>Applicant</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> | <p>Property Owner</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Telephone: _____</p> |
| <p>Applicant is (check one): <input type="checkbox"/> the Property Owner <input type="checkbox"/> Not the Property Owner (attach Property Owner's Authorization)</p> | |
| <p>Applicant's Certification: I hereby certify that the information contained in and attached to this application is true and correct.</p> | |
| <p>Signature: _____ Date: _____ Notarized: _____</p> | |

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| <p>Property</p> <p>Location: _____</p> <p>_____</p> <p>Tax Parcel Number: _____</p> <p>Size (Acres): _____ Current Zoning: _____</p> <p>Future Development Map Category: _____</p> | <p>Use</p> <p>Current Use: _____</p> <p>_____</p> <p>Proposed Use: _____</p> <p>_____</p> |
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| <p>Attachments (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Property Owner's Authorization <input type="checkbox"/> Application Fee <input type="checkbox"/> Affidavit: Posting of Signs <input type="checkbox"/> Maps or Drawings Illustrating Variance Request <input type="checkbox"/> Other Attachments: _____ | <p>Appeal or Variance Requested</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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| <i>For Camden County Staff Use Only</i> | |
| <p>Application</p> <p>Date Received: _____ Date Accepted: _____</p> <p>DRI Transmitted to RDC <input type="checkbox"/> Date: _____ <input type="checkbox"/> N/A</p> <p>Notification to Applicant Sent: _____</p> <p>Posted: _____ Ad: _____ Ad: _____</p> <p>Application Withdrawn <input type="checkbox"/> Date: _____</p> | <p style="text-align: center;">APPLICATION NUMBER <input style="width: 100px;" type="text"/></p> <p>Action</p> <p>Planning Commission Date: _____ <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Approval <input type="checkbox"/> With Conditions <input type="checkbox"/> Denial</p> <p>Board of Commissioners Date: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> With Conditions <input type="checkbox"/> Denied</p> |