

**Application to the City of Travelers Rest
Building and Housing Board of Appeals**

Docket Number: _____

Date: _____ Time: _____

Location of Hearing: _____

Applicant: _____

Mailing Address: _____

Telephone Number: _____

Property Location: _____

Permit/Case/Plan Number: _____ Inspector: _____

Date of Notice of Violations: _____

In accordance with the provisions of the code of ordinance 5.04.070, adopted by the City of Travelers Rest, I hereby appeal to the building and housing board of appeals for:

_ Interpretation, including modification or variance and the reasons therefore:

_ Hardship or conditions upon which appeal is made:

Application Fee: \$75

Make checks payable to: City of Travelers Rest

Mail to: 125 Trailblazer Drive, Travelers Rest, SC 29690

Signature: _____ Date: _____