



COUNTY OF LEXINGTON, SOUTH CAROLINA

Community Development

County Administration Building, 4th Floor
212 South Lake Dr, Suite 401 Lexington, SC 29072
(803)785-8121

BUFFERING RESTRICTIONS CONSENT - VERIFICATION FORM

CIRCULATION DATE: _____ TMS#: _____

APPLICANT: _____ PHONE: _____

PRINCIPAL ACTIVITY DESCRIPTION: _____

PRINCIPAL ACTIVITY LOCATION: _____

I have read and understand Item # 5 of the Special Notes section of this form.
Is the tract or parcel of land restricted by any recorded deed restriction or covenant that is contrary to, conflicts with, or prohibits the proposed activity? Yes No

(Applicant's Signature) _____ Date _____

The Lexington County Zoning Ordinance allows the above described activity to be permitted by the Zoning Office if it meets the maximum buffering restrictions as outlined in the Zoning Ordinance. These restrictions and standards are established for the protection of the property described below:

PROTECTED PROPERTY OWNER(S) INFORMATION

OWNER(S) OF RECORD: _____

PROPERTY LOCATION: _____ TMS#: _____

MAILING ADDRESS (if different from property location): _____

As a protected property owner, you may consent to a lesser specific restriction for buffering restrictions, in whole, or in part, by completing and signing this form. When multiple property owners are involved, all must agree to the same restrictions or the form will become null and void.

THE LEXINGTON COUNTY ZONING ORDINANCE STATES THAT THE CURRENT BUFFERING RESTRICTIONS FOR THE ABOVE LISTED ACTIVITY ARE AS FOLLOWS:

HEIGHT: The Lexington County Zoning Ordinance provides that the height restriction for structures is an initial 20-foot vertical rise at the protected property lines plus an additional _____ foot of rise for each foot of setback from the protected property lines.

(Zoning Staff use only.) The proposed activity/structure meets the height restriction requirements of the Zoning Ordinance. No other selection is necessary for this **HEIGHT** section.

If the above paragraph has not been initialed by staff, select one of the following choices. All property owners must agree to and initial the same selection.



_____ As the protected property owner(s), I/we prefer that the restriction for height as outlined in the Zoning Ordinance is to remain in effect.

_____ As the protected property owner(s), I/we do hereby consent to relief from **all** height restrictions listed in the Zoning Ordinance for the above described principal activity.

_____ As the protected property owner(s), I/we do hereby consent to reduce the height restriction for the above described principal activity listed in the Zoning Ordinance to allow an additional _____ foot/feet of overall structure height as shown on the submitted site plan.

BUFFER: The Lexington County Zoning Ordinance provides that the buffer distance restriction from the protected property lines, within which no principal or accessory activity is permitted (with the exception of utilities or stormwater structures), is _____ feet.

_____ (**Zoning Staff use only.**) The proposed activity/structure meets the buffer distance restriction requirements of the Zoning Ordinance. No other selection is necessary for this **BUFFER** section.

If the above paragraph has not been initialed by staff, select one of the following choices. All property owners must agree to and initial the same selection.

_____ As the protected property owner(s), I/we prefer that the distance restriction for buffer as outlined in the Zoning Ordinance is to remain in effect.

_____ As the protected property owner(s), I/we do hereby consent to relief from **all** buffer distance restrictions listed in the Zoning Ordinance for the above described principal activity.

_____ As the protected property owner(s), I/we do hereby consent to reduce the buffer distance restriction for the above described principal activity listed in the Zoning Ordinance to _____ foot/feet as shown on the submitted site plan.

SETBACK: The Lexington County Zoning Ordinance provides that the setback distance restriction for buildings or other activities from the protected property lines is _____ feet.

_____ (**Zoning Staff use only.**) The proposed activity/structure meets the setback distance restriction requirements of the Zoning Ordinance. No other selection is necessary for this **SETBACK** section.

If the above paragraph has not been initialed by staff, select one of the following choices. All property owners must agree to and initial the same selection.

_____ As the protected property owner(s), I/we prefer that the distance restriction for setback as outlined in the Zoning Ordinance is to remain in effect.

_____ As the protected property owner(s), I/we do hereby consent to relief from **all** setback distance restrictions listed in the Zoning Ordinance for the above described principal activity.

_____ As the protected property owner(s), I/we do hereby consent to reduce the setback distance restriction for the above described principal activity listed in the Zoning Ordinance to _____ foot/feet as shown on the submitted site plan.

SCREENING: The Lexington County Zoning Ordinance provides that total screening is required for a principal or accessory activity within _____ feet of the protected property lines; additionally, partial screening is required for a principal or accessory activity within _____ feet of the protected property lines.



_____ (**Zoning Staff use only.**) The proposed activity/structure meets the screening restriction requirements of the Zoning Ordinance. No other selection is necessary for this **SCREENING** section.

If the above paragraph *has not* been initialed by staff, select one of the following choices. *All property owners must agree to and initial the same selection.*

_____ As the protected property owner(s), I/we prefer that the restrictions for screening as outlined in the Zoning Ordinance are to remain in effect.

_____ As the protected property owner(s), I/we do hereby consent to relief from **all** screening restrictions listed in the Zoning Ordinance for the above described principal activity.

_____ As the protected property owner(s), I/we do hereby consent to reduce the maximum screening restrictions for the above described principal activity listed in the Zoning Ordinance to _____ feet for total screening and _____ feet for partial screening as required for the activity shown on the submitted site plan.

Special Notes:

1. The buffering restrictions contained in the Lexington County Zoning Ordinance are considered maximum restrictions. A reduction to the maximum buffering restrictions as outlined on this form shall become valid only when the consent of the protected property owner(s) is verified by the Lexington County Zoning Office and when this form is attached to a valid Zoning Permit.
2. A reduction in the maximum buffering restrictions as outlined on this form shall become valid only if an appropriate Zoning Permit is issued within 90 calendar days of the circulation date listed at the beginning of this form.
3. The lesser restrictions outlined on this form and consented to by the protected property owner(s) shall remain in effect for as long as the principal activity remains the same. Any change in principal activity shall render the lesser restrictions invalid.
4. If the protected property owner(s) does not consent to the buffering restriction desired by the applicant requesting a zoning permit, the applicant may apply to the Board of Zoning Appeals for a variance request.
5. This form does not grant permission to violate any recorded deed restrictions or covenants. If the tract or parcel of land has any recorded deed restrictions or covenants that are more restrictive than the County's buffering requirements, the deed restriction or covenant shall control. It is the applicant's responsibility to identify any and all recorded deed restrictions and covenants which are contrary to, conflicts with, or prohibits the proposed activity and/or the proposed buffering restrictions.
6. Consent for reduction of buffering restrictions does not authorize the applicant to encroach upon any existing easements on the property. It is the applicant's responsibility to identify any and all easements and to ensure that construction does not encroach upon existing easements.

By signing this form, as the owner(s) of record for the protected property described above, I do hereby declare that I have read this form in its entirety and I agree to reduce the maximum buffering restrictions as stated in the Lexington County Zoning Ordinance, relative to the above described principal activity.

Property Owner's Signature Printed Name Date Phone Number

STATE OF _____

COUNTY OF _____

SWORN to and subscribed before me this

_____ day of _____, 20_____

Signature _____
Notary Public

My Commission Expires: _____



For Zoning Office Use Only

I certify that the property owner has been contacted either by phone or in person in order to verify that they understand the applicable buffering restrictions consent granted herein.

Property owner contacted: _____

Verification Date: _____ Zoning Staff Signature: _____

Zoning Permit Date: _____ Zoning Permit #: _____

Zoning Staff Issuing Permit: _____

SAMPLE - For information only
Do not duplicate

