

SPECIAL EXCEPTION APPLICATION

Moncks Corner Community Development



	True 167 no 01-027
Applicant Information	1 x y / 9 / 200 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Name: Manuel Manuel	Address:
Phone: 843 442 -0037	Address: FOR Expressions. E-Mail: MWAlhany @ Units Storage.
Property Owner Information (If Different)	
Name:	Address:
Phone:	E-Mail:
Property Location (Attach Plat if Available):	·
Describe the special exception request, reason for request, and any supporting information:	
1	
Has the Board of Zoning Appeals taken action on this property previously YES (NO)	
I (we) certify that I (we) are the free holder(s) of the property(s) involved in this application and further that I (we) designate the person signing as applicant to represent me (us) in this application. Owner's Signature: Date: $9-28-22$ Applicant's Signature: Date: $9-28-22$	
For Official Use Only	
Received:	Property Posted:
Receipt #:	Hearing:
Advertised:	Approved:

Town of Moncks Corner Community Development Department