



**129 Screven St. Suite 222  
Post Office Drawer 421270  
Georgetown, S. C. 29440  
Phone: 843-545-3158  
Fax: 843-545-3299**

**APPLICATION FOR REZONING TO A PLANNED  
DEVELOPMENT**

COMPLETED APPLICATIONS MUST BE SUBMITTED ALONG WITH THE  
REQUIRED FEE, AT LEAST FORTY-FIVE (45) DAYS PRIOR TO A PLANNING  
COMMISSION MEETING.

**Name of Proposed Development:** \_\_\_\_\_

**Check one:**

- Industrial PD, ten (10) acre minimum.
- Medical Center, shopping center, commercial, residential, and mixed use developments, two (2) acre minimum.

**Conceptual Plan requirements include the following:**

Please submit 12 copies (7 large: 24 x 26 and 5 small: 11 x 17).

- **Scaled Site Plan:**  
Location map, owners names, location of structures, types of uses, total acreage, lot sizes, traffic patterns, screening and buffering borders, building heights, density, layout of sidewalks and parking areas, open spaces labeled and title block.
- **Environmental Plan:**  
Contours, drainage plan, flood prone areas, marsh area or wetlands and any other principle geographic features.
- **Water and Sewer Plan:**  
Shall meet the requirements of the Georgetown County Water and Sewer District extension policy.
- **Utilities Plan:**

Layout and easements for other utilities.

- Type of development with text describing the requirements and amenities proposed.

Upon approval of the conceptual plan by County Council, the zoning map will be changed accordingly.

**Final Plan requirements include the following:**

- Scaled Detailed Site Plan:  
Includes everything submitted on the concept plan plus phase of development with timetable, ingress and egress lanes, setbacks, lot sizes, street names, type of pavement, exact dimensions of structures, public access and open space, density, final layout of sidewalks and pathways and title block.
- Environmental Plan:  
Includes everything submitted on the concept plan plus dumpster location and erosion control methods.
- Water and Sewer Plan:  
Includes everything submitted on the concept plan plus the sign-off on the plans.
- Utilities Plan:  
Includes everything submitted on the concept plan.
- Exterior Appearance:  
Need to submit elevations of the proposed buildings.
- Soil, trees, and other information required by staff.

**Property Information:**

TMS Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Lot / Block / Number: \_\_\_\_\_

Current Zoning Classification: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ Net Density \_\_\_\_\_

**Property Owner of Record:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature of Owner / Date: \_\_\_\_\_

Contact Information: Name: \_\_\_\_\_ Phone \_\_\_\_\_

I have appointed the individual or firm listed below as my representative in conjunction with this matter related to the Planning Commission of proposed new construction or improvements to the structures on my property.

**Agent of Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone/Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature of Agent/ Date: \_\_\_\_\_

Signature of Owner /Date: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone / E-mail: \_\_\_\_\_

**Fee Schedule:Planned Developments.**

Residential	\$1,000.00 + \$10.00/acre over req. min. 2 acres
Industrial	\$1,000.00 + \$25.00/acre over req. min. 10 acres
Commercial	\$1,000.00 + \$25.00/acre over req. min. 2 acres
Mixed Use	\$1,000.00 + \$10.00/acre Residential & \$25.00/acre Commercial
Major Changes	\$250.00 + \$25.00/acre Commercial & \$10.00/acre Residential
Minor Change	\$100.00

**Adjacent Property Owners Information required:**

1. The person requesting the amendment to the Zoning Map or Zoning Text must submit to the Planning office, at the time of application submittal, stamped envelopes addressed with name of each resident within **Four Hundred Feet (400)** of the subject property. The following return address must appear on the envelope: **“Georgetown County Planning Commission, 129 Screven St. Suite 222, Georgetown, SC 29440.”**
2. A list of all persons (and related Tax Map Numbers) to whom envelopes were addressed to must also accompany the application.

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

Please submit this **completed application** and appropriate **fee** to Georgetown County Planning Division at 129 Screven St, Suite 222 Georgetown, S. C. 29440. If you need any additional assistance, please call our office at 843-545-3158.

**Site visits to the property, by County employees, are essential to process this application. The owner\applicant as listed above, hereby authorize County employees to visit and photograph this site as part of the application process.**

**A sign is going to be placed on your property informing residents of an upcoming meeting concerning this particular property. This sign belongs to Georgetown County and will be picked up from your property within five (5) days of the hearing.**

**All information contained in this application is public record and is available to the general public.**