



**120 Broad Street  
Georgetown, S. C. 29440  
Phone: 843-545-3158  
Fax: 843-545-3299**

## **PROPOSED ZONING AMENDMENT**

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

**THE APPLICANT IS REQUESTING:** (Indicate one)

- A change in the Zoning Map.
- A change in the Zoning Text.

**The following information must be provided for either request:**

Property Information that you area requesting the change to:

Tax Map (TMS) Number: \_\_\_\_\_

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

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

Lot Dimensions/ Lot Area: \_\_\_\_\_

Plat Book / Page: \_\_\_\_\_

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

Proposed Zoning Classification: \_\_\_\_\_

Property Owner of Record:

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

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

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

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

E-mail: \_\_\_\_\_

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

I have appointed the individual or firm listed below as my representative in conjunction with this matter related to the rezoning request.

Agent of Owner:

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

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

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

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

E-mail: \_\_\_\_\_

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

Signature of Property Owner: \_\_\_\_\_

**Contact Information:**

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

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

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

**Please provide the following information.**

1. Please submit 18 copies (9 large: 24 x 26 and 9 small: 11 x 17)
2. Please explain the rezoning request for this property.

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**Please provide the following information for a Zoning Text Amendment.**

1. Indicate the section of the Zoning Ordinance that you are proposing to be changed:

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2. Indicate the reasons for the proposed changes:

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**Fee required for all applications at the time of submittal:**

Rezoning Applications	\$250.00
Text Amendments	\$250.00

**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 for each resident within **Four Hundred Feet (400)** of the subject property. The following return address must appear on the envelope: **“Georgetown County Planning Commission, 120 Broad Street, Georgetown, SC 29440.”**

2. A list of all persons (and related Tax Map Numbers) to whom envelopes are addressed 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 120 Broad Street, 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.**

**Please submit a PDF version of your plans if available. You may e-mail them to [csargent@georgetowncountysc.org](mailto:csargent@georgetowncountysc.org). or include with your application**