

City of Waltherboro

Zoning Map Amendment (Rezoning) Application

Date filed: _____ Request No. _____

Instructions

A zoning map amendment may be initiated by the property owner(s), planning commission, zoning administrator, or city/town/county council.

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the designation of agent section.

The applicant hereby requests that the property described below be rezoned from _____ to _____

Applicant(s) [print]: _____

Address: _____

Telephone: _____ [work] _____ [home]

Interest: Owner(s) - Agent of owner(s) - Other _____

Owner(s) [if other than applicant(s)]: _____

Address: _____

Telephone: _____ [work] _____ [home]

[Use reverse side if more space is needed.]

Property address: _____

Lot _____ Block _____ Subdivision _____

Tax Map No. _____ Plat Book _____ Page _____

Lot Dimensions: _____ Area: _____

Zoning District: _____ Zoning Map Page: _____

Designation of agent [complete only if owner is not applicant]:

I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for rezoning.

Date: _____

Owner signature(s)

I (we) certify that the information in this request is correct.

Date: _____

Applicant signature(s)

City of Walterboro

Zoning Permit Application

Date filed: _____ Fee Paid _____ Application No. _____

Instructions

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent section.

The applicant hereby requests a zoning permit pursuant to Section _____ of the zoning ordinance to use the property described below in the following manner:

Applicant(s) [print]: _____

Address: _____

Telephone: _____ [work] _____ [home]

Interest: Owner(s) - Agent of owner(s) - Other _____

Owner(s) [if other than Applicant(s)]: _____

Address: _____

Telephone: _____ [work] _____ [home]

[Use reverse side if more space is needed.]

Property address: _____

Lot _____, Block _____, Subdivision _____

Tax Map No. _____ Plat Book _____ Page _____

Lot Dimensions: _____ Area _____

Zoning District: _____ Zoning Map Page: _____

Designation of agent [complete only if owner is not applicant]: I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for a zoning permit.

Date: _____

Owner signature(s)

I (we) certify that the information in this request is correct.

Date: _____

Applicant signature(s)

Date: _____ Approved. Disapproved for the following reasons:

Zoning Administrator