



# PENDLETON

SOUTH CAROLINA

History, Hospitality & Happenings!

## Rezoning Application

Date: \_\_\_\_\_ Request Number (to be filled by Staff): \_\_\_\_\_ - \_\_\_\_\_

**Instructions:**

1. Submit the application form with owner's signature, legal description, any other supporting documents, and a map with the rezoning area highlighted.
2. Application Fee = \$100.00 for Residential, \$200.00 for Commercial.
3. Deadline is thirty (30) days prior to the next Planning Commission meeting (see deadline schedule).

Name of Property Owner: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Property Owner (Owner MUST sign): \_\_\_\_\_

Name of Applicant (if other than property owner): \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Property Location: \_\_\_\_\_

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

# of Acres: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

Describe the nature of the request or attach description: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Date received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt number: \_\_\_\_\_

Date Advertised: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Date Sign Posted: \_\_\_\_\_

TOWN STAFF RECOMMENDATION: APPROVED \_\_\_\_\_ DENIED: \_\_\_\_\_

PLANNING COMMISSION RECOMMENDATION: APPROVED \_\_\_\_\_ DENIED: \_\_\_\_\_

COUNCIL DECISION (Date of 2<sup>nd</sup> Reading): APPROVED \_\_\_\_\_ DENIED: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_