

City of Beaufort
Department of Planning & Development Services
1911 Boundary Street
Beaufort, South Carolina 29902
Phone (843) 525-7011, Fax (843) 986-5606
Revised July 6, 2009

<u>Application Fee</u> \$400

REZONING APPLICATION FOR PUDS

OFFICE USE ONLY: Application #: _____ Date Received: _____

Property Address: _____

District, Tax Map, Parcel #: _____

Applicant: _____

Applicant Phone #: _____ Fax #: _____ E-Mail Address: _____

Applicant Address: _____

Property Owner: _____ Phone #: _____

Property Address: _____

Have any previous applications been made for a map amendment affecting these same premises? () YES () NO

If yes, give action(s) taken: _____

Present zone classification: _____

Requested zone classification: _____

Total area of property: _____

Existing land use: _____

Desired land use: _____

Reasons for requesting rezoning: _____

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? ____ Yes ____ No

Submittal Requirements

Submit a master plan and written report meeting the requirements of Section 3.7.D. 12 copies of all application materials are required.

Applicant signature: _____ Date: _____

NOTE: If the applicant is not the property owner, the property owner must sign below.

Property owner signature: _____ Date: _____