REZONING APPLICATION FOR PUDS

Community & Economic Development Department
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7011 / f. (843) 986-5606
www.cityofbeaufort.org

Application Fee: $400

*Receipt #*_____

OFFICE USE ONLY: Date Filed: Application #: Zoning District:

Submittal Requirements: You must submit a master plan and written report meeting the requirements of Section 2.84. 12 copies of all application materials are required.

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

Applicant, Owner and Property Information

Property Address:

Property Identification Number *(Tax Map & Parcel Number):*

Applicant Name:

Applicant Address:

Applicant E-mail: Applicant Phone Number:

Property Owner (if other than the Applicant):

Property Owner 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:

Applicant's Signature: Date:

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

Property Owner's Signature: Date: