



REZONING APPLICATION FOR PUDS

Community Development Department
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7011 / f. (843) 986-5606
Email: development@cityofbeaufort.org / 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: _____