

**City of Beaufort**  
**Department of Planning & Development Services**  
**Post Office Drawer 1167**  
**Beaufort, South Carolina 29901**  
**Phone (843) 525-7011, Fax (843) 986-5606**  
**E-Mail: [planning@cityofbeaufort.org](mailto:planning@cityofbeaufort.org)**

Application Fee

\$400

**\*Revised July 6, 2009\***

**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: \_\_\_\_\_