



REZONING APPLICATION FORM

Community Development Department
1911 Boundary Street, Beaufort, South Carolina 29902
p. (843) 525-7049 / f. (843) 986-5606
Email: development@cityofbeaufort.org / Website: www.cityofbeaufort.org

Application Fee: \$ _____

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

Approved By: _____ Date: _____

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

NOTE: At the discretion of the Planning Commission, the submittal may include the requirements of a Sketch Plan submittal as per Section 7.5.3, or a conceptual Site Plan (to include building elevations and any applicable Sketch Plan requirements as per Section 7.5.3) to be submitted with the map amendment request so that the impacts of development on the community are properly considered.

Submittal Requirements:

- Boundary Map** of the subject property that is prepared and sealed by a registered land surveyor.
- Where applicable, a **Copy of Correspondence** illustrating that the applicant has solicited written comments from the appropriate property owners' association regarding the requested amendment. Such correspondence shall encourage the association to direct any comments in writing to the Administrator and the applicant within 15 calendar days of receipt of the notification.
- Written consent from the owner of the property** that is being considered for an amendment. This is required if the applicant is not the city.

NOTE: Is Requested Rezoning to a PUD? Yes No

- A complete Master Plan and Written Report shall be developed and submitted for approval as part of the rezoning process in order to determine the desired standards and design of the project.)

Applicant Information:

Applicant Name: _____

Applicant Address: _____

Applicant E-mail: _____ Applicant Phone No.: _____

Applicant Title: Homeowner Tenant Architect Engineer Developer Contractor

Owner (If other than the Applicant): _____

Owner Address: _____

Owner E-mail: _____ Owner Phone No.: _____



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Property Information:

Property Address: _____

Property Identification Number(s): _____

Have Any Previous Applications Been Made for a Rezoning? Yes No

If Yes, Provide Date and Action(s) Taken : _____

Current Zoning District: _____

Requested Zoning District: _____

Total Area of Property: _____

Existing Land Use: _____

Requested Land Use: _____

Reason(s) For Requesting Rezoning: _____

Certification of Correctness: I/we certify that the information in this application is correct.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

(The owner's signature is only required if the applicant is not the owner.)