REZONING APPLICATION (EXCEPT 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: $250 + $10 for each additional lot
*Receipt #*_____

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

Submittal Requirements: You must attach a boundary map prepared by a registered land surveyor of the tract, plot, or properties, in question, and all other adjoining lots of properties under the same ownership. 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: _____