



# SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449  
SUMTER, SOUTH CAROLINA 29151  
(803) 774-1660



**COMPREHENSIVE PLAN ORDINANCE / MAP AMENDMENT**  CITY  COUNTY

Map  Text

**Applicant's Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Proposed Text Amendment:** \_\_\_\_\_

**Proposed Map Amendment:** \_\_\_\_\_

**Tax Map No.** \_\_\_\_\_ **Address:** \_\_\_\_\_

*Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit?*  Yes  No

<b>Adjacent Property:</b>	<b><u>Land Use Designation</u></b>	<b><u>Use</u></b>
North of: _____	_____	_____
East of: _____	_____	_____
South of: _____	_____	_____
West of: _____	_____	_____

**Justification/Reason for Proposed Amendment:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant** **Date**

### CERTIFICATION

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

\_\_\_\_\_  
**Property Owner or Authorized Agent Name, Signature and Date**

### APPLICATION MUST:

- ◆ Be submitted 22 days prior to next scheduled Planning Commission meeting
- ◆ Include an application fee of \$100.00

If you should desire a pre-application conference, please call 774-1660 for an appointment.

<b>OFFICE USE:</b>	
Date Fee Paid _____	Amount Paid _____
Reviewed By _____	Meeting Date _____