SUMTER CITY-COUNTY PLANNING COMMISSION

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

APPLICATION FOR SUBDIVISION VARIANCE ☐ CITY ☐ COUNTY

Applicant's Name _____ **E-mail** _____

Applicant's Address _____
Street
_____ **Phone** _____
City State Zip

Owner's Name _____

Owner's Address _____
Street
_____ **Phone** _____
City State Zip

Tax Map No. _____ **Size of Parcel(s)** _____

Name & Location of Subdivision _____

Type of Variance **Size** ☐ **Access** ☐ **Other** ☐ _____

Explain what is proposed _____

Explain why this variance is needed _____

Application Completed by **Owner** ☐ **Agent** ☐ **(See Below)**

Agent's Name _____ **Phone** _____

Agent's Address _____
Street City State Zip Code

_____ _____
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 at least 22 days prior to the next scheduled Subdivision-Planned Development Review meeting**
- **Include sketch plan of proposed subdivision and/or a plat of the property**
- **Include an application fee of $25.00**

OFFICE USE:
Date Fee Paid _____ *Amount Paid* _____
Received By _____ *Meeting Date* _____