



# SUMTER CITY-COUNTY PLANNING COMMISSION

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



APPLICATION FOR ZONING RECLASSIFICATION     CITY     COUNTY

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

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

Street \_\_\_\_\_

**Phone** \_\_\_\_\_

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

**Applicant's E-mail** \_\_\_\_\_

**Owner's Name** \_\_\_\_\_

*(This must be filled in)*

**Owner's Address** \_\_\_\_\_

*(This must be filled in)*

Street \_\_\_\_\_

**Phone** \_\_\_\_\_

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

**Tax Map No.** \_\_\_\_\_ **Size of Parcel(s)** \_\_\_\_\_

**Property Location** \_\_\_\_\_

**Present Zoning/Use** \_\_\_\_\_ **Proposed Zoning/Use** \_\_\_\_\_

*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

**Use of Adjacent Property**    *North* \_\_\_\_\_ *East* \_\_\_\_\_

*South* \_\_\_\_\_ *West* \_\_\_\_\_

**Size of Development** \_\_\_\_\_

**Remarks** \_\_\_\_\_

\_\_\_\_\_  
*Applicant / Agent Signature*

\_\_\_\_\_  
*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 a detailed site plan
- ◆ Include building plans of the proposed development
- ◆ Include an application fee of \$100.00 (City or County)

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