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)**

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

Updated March 2012