



## REZONING APPLICATION INSTRUCTIONS

If assistance is needed in filling out this application, contact the Planning and Development Manager at 803.548.3513 Ext 4.

Planning Commission meetings are held the first (1<sup>st</sup>) Monday of the month at 6:30 p.m. in the Council chambers located in the lower level of The Glennon Center at 15077 Molokai Drive (*this is not a public hearing*).

Public hearings are held by the City Council and the Planning Commission in joint session on the third (3<sup>rd</sup>) Monday of the month prior to the Planning Commission meeting at which the application will be considered.

The attached application must be filled out completely and all fees paid in full.

Application Fee: \$350

A plat (survey) and deed must be submitted before a request can be accepted.

**\*\*REZONINGS TO PD MUST HAVE CONCEPT/SKETCH APPROVAL BEFORE SUBMITTING APPLICATION. \*\***

Please print with ink or use a typewriter to fill out forms.



# TEGA CAY REZONING APPLICATION

## GENERAL INFORMATION

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

PHONE: \_\_\_\_\_  
WORK HOME MOBILE

EMAIL: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

PHONE: \_\_\_\_\_  
WORK HOME MOBILE

EMAIL: \_\_\_\_\_

## PROPERTY INFORMATION

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY TAX MAP #: \_\_\_\_\_ PLAT: PLEASE ATTACH TO APPLICATION

LOT AREA: ACRES: \_\_\_\_\_ DEED: PLEASE ATTACH TO APPLICATION

ZONING: CURRENT: \_\_\_\_\_ PROPOSED: \_\_\_\_\_

COMPREHENSIVE PLAN LAND USE DESIGNATION: \_\_\_\_\_

CURRENT USE OF PROPERTY: \_\_\_\_\_

ELECTRIC: \_\_\_\_\_ WATER: \_\_\_\_\_ SEWER: \_\_\_\_\_

**RELEVANT FACTORS PERTAINING TO THE REZONING**

A Zoning Map Amendment may be initiated by the Tega Cay City Council, Planning Commission, Zoning Administrator, or any corporation, individual, or agency. (Ordinance 77, Article XV Section 19-501). The Planning Commission makes recommendations that are evaluated along with the request based on the following questions (Ordinance 77, Article XV Section 19-504). Please complete the questions with the facts you intend to present in order to justify this rezoning.

**1. I (we) are making application for rezoning in order to (please select):**

- \_\_\_\_\_ implement the Comprehensive Land Use Plan
- \_\_\_\_\_ correct an original mistake or manifest error in the regulations or map
- \_\_\_\_\_ recognize substantial changes or changing conditions in a particular location

**Please justify your reasoning and the need for the proposed amendment:**

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**2. Please explain how this request is consistent with the Comprehensive Land Use Plan:**

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**3. What will be the impact of this amendment on surrounding properties:**

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**4. Additional documents relevant to this petition are submitted as follows:**

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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 ordinances and state laws related to the use and development of the land. I further certify that I am the property owner, or his/her authorized agent, of the subject site(s). I understand that falsifying any information herein may result in rejection or denial of this request.

\_\_\_\_\_  
APPLICANT DATE

I (we) certify that I (we) are the owners of the property involved in this application and further that I (we) designate the person signing as applicant to represent me (us) in this rezoning application.

\_\_\_\_\_  
PROPERTY OWNER (S) DATE

I certify that any relevant restrictive covenants will be adhered to concerning this rezoning request. To assist verification, I have attached the relevant restrictive covenant information.

\_\_\_\_\_  
APPLICANT DATE

***\*ATTACH OWNER'S NOTARIZED WRITTEN AUTHORIZATION IF OWNER'S SIGNATURE CANNOT BE OBTAINED.***

**OFFICE USE ONLY**

AMOUNT PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ CASH AMOUNT: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

PLANNING COMMISSION MEETING DATE: \_\_\_\_\_

PUBLIC HEARING CITY COUNCIL/PLANNING COMMISSION DATE: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_  
ZONING OFFICIAL DATE

REZONING CASE NUMBER ASSIGNED: \_\_\_\_\_