



Chester County, South Carolina
Department of Planning, Building & Zoning
1476 J.A. Cochran Bypass
Chester, SC 29706

Zoning Map Amendment (Rezoning) Application

Fee: Residential \$150.00, Non-Residential \$300.00, Planned Development \$1000.00

Meeting Date: _____ Case # _____ Invoice # _____

The applicant hereby requests that the property described to be rezoned from _____ to _____

Please give your reason for this rezoning request:

Copy of plat must be presented with the application request

Designation of Agent (complete only if owner is not applicant): I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for rezoning. A Corporate Resolution letter or a permission letter must be presented at the time of application request. NAICS CODE: _____

Property Address Information

Property address: _____

Tax Map Number: _____ Acres: _____

Any structures on the property: yes _____ no _____. If you checked yes, draw locations of structures on plat or blank paper.

PLEASE PRINT:

Applicant (s): _____

Address _____

Telephone: _____ cell _____ work _____

E-Mail Address: _____

Owner(s) if other than applicant(s): _____

Address: _____

Telephone: _____ cell _____ work _____

E-Mail Address: _____

I (we) hereby agree that this information I (we) have presented is correct. Insufficient information may result in a denial of your request.

Owner's signature: _____ **Date:** _____

Applicant signature: _____ **Date:** _____

CANCELLATION MAY RESULT IN AN ADDITIONAL FEE OF \$150.00. SOMEONE MAY REPRESENT YOU AT THE MEETING.