



City of Clemson

PC

PLANNING & CODES ADMINISTRATION

1250 Tiger Blvd, Suite 4 • Clemson, SC 29631-2662 • (864) 653-2050 • Fax (864) 653-2057 • www.cityofclemson.org

PLANNING COMMISSION ZONING AMENDMENT APPLICATION

Please complete in ink and return to the Planning and Codes Administration Department with required attachments, information, and filing fee. Zoning Map Amendment (Rezoning) applications require a filing fee of \$250, a current survey of the property, a copy of the deed, and a designation of agent if owner is not the applicant. **Both sides of this application must be completed; incomplete applications will not be accepted.**

- An amendment to the zoning ordinance text or the zoning map may be initiated by the city council, the planning commission, or the board of zoning appeals.
- An amendment to the zoning map for changing a zoning district designation of property may be initiated by the owner of the property affected or by an agent authorized by the owner in writing.

File no.: R - -	PIN: - - - -	Date submitted: 11/24/15	Planning Commission meeting date: 12/14/15
Amendment type:	<input checked="" type="checkbox"/> Map amendment (Rezoning)	<input type="checkbox"/> Text amendment	
Initiated by:	<input checked="" type="checkbox"/> Owner/Agent	<input type="checkbox"/> City Council	<input type="checkbox"/> Planning Commission
<input type="checkbox"/> Board of Zoning Appeals			

OWNER(S) INFORMATION			
Last name:	First:	Middle:	Interest
Ralph Alexander Inc.			<input checked="" type="checkbox"/> Sole owner <input type="checkbox"/> Co-owner
Mailing address:	City:	State:	ZIP Code:
PO Box 325	Seneca	SC	29679
Daytime phone no.:	Fax no.:	E-mail:	
864 247-8890	864 882-4388		

APPLICANT INFORMATION			
<i>To be completed only if Owner is not Applicant:</i>			
Applicant's last name:	First:	Middle:	
Shadwick	V	Jack	
Mailing address:	City:	State:	ZIP Code:
PO Box 325	Seneca	SC	29679
Daytime phone no.:	Fax no.:	E-mail:	
864 247-8890	864 882-4388		

PROPERTY INFORMATION			
THE OWNER/APPLICANT HEREBY REQUESTS that the property described below be rezoned from ^{R-20} Residential to ^{CP-2} Commercial			
Property address:	Property dimensions:	Property area:	
Plat 67/ESB AT Skyview Dr / Stardust Lane			

DESIGNATION OF AGENT		
<i>To be completed by Owner(s) only if Owner is not Applicant. All owners must sign.</i>		
I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for a zoning map amendment.		
V. Jack Shadwick		11/23/15
Owner name	Owner signature	Date

To be completed by Applicant:

I certify that the information in this request is correct.

Applicant name

Applicant signature

Date

Rev. 12-09-05; 06-15-07

REQUIRED INFORMATION

REASONS FOR ZONING AMENDMENT REQUEST: I (we) request the rezoning for the following reasons:

Applicant name

Applicant signature

Date

Rev. 12-09-05; 06-15-07

REQUIRED INFORMATION

REASONS FOR ZONING AMENDMENT REQUEST: I (we) request the rezoning for the following reasons:

Commercial retail.

CURRENT ZONING IS R20

WE WANT TO ZONE IT CP2

PROPERTY IS BOUNDED TO NORTH, WEST & SOUTH
W/ CP2

BOUNDED TO EAST BY A ROW (STANBURY)

SURROUNDING AREAS ARE COMMERCIAL