



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.

Form with fields: File no.: R - \_ - \_ PIN: \_ - \_ - \_ Date submitted: / / Planning Commission meeting date: / / Amendment type: [ ] Map amendment (Rezoning) [ ] Text amendment Initiated by: [ ] Owner/Agent [ ] City Council [ ] Planning Commission [ ] Board of Zoning Appeals

OWNER(S) INFORMATION section with fields: Last name, First, Middle, Interest (Sole owner, Co-owner), Mailing address, City, State, ZIP Code, Daytime phone no., Fax no., E-mail.

APPLICANT INFORMATION section with fields: Applicant's last name, First, Middle, Mailing address, City, State, ZIP Code, Daytime phone no., Fax no., E-mail.

PROPERTY INFORMATION section with text: THE OWNER/APPLICANT HEREBY REQUESTS that the property described below be rezoned from to Property address, Property dimensions, Property area.

DESIGNATION OF AGENT section with text: To be completed by Owner(s) only if Owner is not Applicant. All owners must sign. 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. 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:

Empty rectangular box for drawing or notes.

*Use additional sheets if necessary.*

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