PAGE PETER J.

106 CALHOUN ST. CLEMSON S.C. 29631

864 506-1984

PETER J. PAGE Peter J. Page 11-26-13

City of Clemson
PLANNING & CODES ADMINISTRATION
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# 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 $175**, 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.

PAID

File no.: R 2013-R-11 PIN: 4044-12-85-7256 Date submitted: 11/26/2013 Planning Commission meeting date: 12/19/2013

Amendment type: ☒ Map amendment (Rezoning) ☐ Text amendment

Initiated by: ☒ Owner/Agent ☐ City Council ☐ Planning Commission ☐ Board of Zoning Appeals

### OWNER(S) INFORMATION

Last name: PAGE First: PETER Middle: J. Interest ☐ Sole owner ☐ Co-owner

Mailing address: 106 CALHOUN ST. City: CLEMSON State: S.C. ZIP Code: 29631

Daytime phone no.: (864) 506-4889 Fax no.: ( ) E-mail:

### APPLICANT INFORMATION

*To be completed only if Owner is not Applicant:*

Applicant's last name: Kennedy First: Christopher Middle: Todd

Mailing address: 3527 Simpson Farm Drive City: Smyrna State: GA ZIP Code: 30080

Daytime phone no.: (404) 456-3890 Fax no.: ( ) E-mail: tkvinings@earthlink.net

### PROPERTY INFORMATION

**THE OWNER/APPLICANT HEREBY REQUESTS** that the property described below be rezoned from RM-4 to CP-1

Property address: 106 Calhoun Property dimensions: Property area: ~~[illegible]~~

### DESIGNATION OF AGENT

*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.

PETER J. PAGE — *Owner name*
Peter J. Page — *Owner signature*
11-26-13 — *Date*

*To be completed by Applicant:*

I certify that the information in this request is correct.

*Applicant name*
Christopher T. Kennedy — *Applicant signature*
*Date*

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