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

PLANNED DEVELOPMENT APPLICATION – FORM 1

PLANNING COMMISSION WORKSHOP

Please complete in ink and return to the Planning and Codes Administration Department with required attachments and information. Planning Commission Workshop applications require a current survey of the property, a concept plan, 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.**

File no.: R - __-__	PIN: 4064-13-24-0888	Date submitted: 6/27/14	Planning Commission meeting date: 07/14/2014

OWNER(S) INFORMATION

Last name:	First:	Middle:	Interest
Property Unlimited LLC			☒ Sole owner ☐ Co-owner

Mailing address:	City:	State:	ZIP Code:
391-506 College Ave	Clemson	SC	29631

Daytime phone no.:	Fax no.:	E-mail:
864 654 3333 - Wallace Martell (Contact)		

APPLICANT INFORMATION

To be completed only if Owner is not Applicant:

Applicant's last name	First:	Middle:
Rice	Chuck	

Mailing address:	City:	State:	ZIP Code:
360 College Ave	Clemson	SC	29631

Daytime phone no.:	Fax no.:	E-mail:
864 508-0551	( )	Chuck@tigertowngraphics.com

PROPERTY INFORMATION

Property address:	Property dimensions:	Property area:	Current zoning district:
E/Side Issaqueena Rd East PO Plat 350/20 Tm# 4064-13-24-0888	See attached	2.27 acres Total (1 acre to be used by this project)	PD

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 planned development rezoning. By signing below, I (we) understand that the planned development application consists of three (3) separate forms and my (our) agent may represent me (us) in all three phases of the application process. I (we) certify that all information in this request is correct.

Owner name	Owner signature	Date
Wallace Martell Property Unltd LLC owner	Wallace W Martell	6/27/14

To be completed by Applicant:

I certify that the information in this request is correct.

Applicant name	Applicant signature	Date
Chuck Rice	[signature]	6/27/14

Rev. 11-14-05; 06-15-07