



PLANNING & CODES ADMINISTRATION

365 College Avenue • Clemson, SC 29631-1433 • (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 \$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.

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 _____, and fields: 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. Fields: Owner name, Owner signature, Date, Applicant name, Applicant signature, Date

REQUIRED INFORMATION

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

Use additional sheets if necessary.



City of Clemson

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PLANNING COMMISSION SUBDIVISION/REZONING APPLICATION

Please complete in ink and return to the Planning and Codes Administration Department with the additional required information.

File no.: ___ - ___ - ___	PIN: _____ - _____ - _____	Date submitted: / /	Planning Commission meeting date: / /
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ACKNOWLEDGEMENT CONCERNING DEED RESTRICTIONS AND RESTRICTIVE COVENANTS

To be completed by Applicant:

I, _____ have reviewed all deed restrictions and restrictive covenants which may prohibit certain uses
Print name of applicant
and/or require certain development restrictions, i.e. building height, setbacks, access, screening, etc. which may apply to this property, located at:

Property address or Property Identification Number (PIN)

- I acknowledge that I understand the implications of use and/or development restrictions that are a result of deed restrictions and restrictive covenants. If a conflict should result from this request due to deed restrictions and restrictive covenants, it is my responsibility to resolve it.
- I understand that upon request, I must provide copies of all deed restrictions and restrictive covenants which apply to this property.

Applicant signature

Date