



Sumter City-County Planning Commission

12 W. Liberty St. (PO Box 1449), Sumter, SC 29151
(803) 774-1660



APPLICATION FOR ZONING RECLASSIFICATION

CITY

COUNTY

PART 1 – APPLICANT INFORMATION

Applicant Name: _____

Email: _____

Phone: _____

Applicant Address: _____
Street City ZIP

Property Owner Name: _____

Email: _____

Phone: _____

Property Owner Address: _____
Street City ZIP

PART 2 – PROPERTY INFORMATION

Tax Map Number: _____

Parcel Size(s): _____

Present Zoning/Use _____

Proposed Zoning/Use _____

Use of Adjacent Property Front _____ Side _____
Rear _____ Side _____

Property Location: *(Address)* _____

Description of Proposed Use, including SIC Code, (if known):

(Attach additional pages and/or graphics as needed)

Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit? Yes No

Additional Remarks: _____

PART 3 – CERTIFICATION

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or, have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Applicant Name _____ Signature _____ Date _____

Property Owner or Authorized Agent Name *(if different from Applicant)* _____ Signature _____ Date _____

APPLICATION MUST:

- ◆ Be submitted 22 days prior to next scheduled Planning Commission Meeting
- ◆ Include an application fee of \$250.00 (City), or \$100.00 (County)
- ◆ Include a detailed site plan *(if applicable/ available)*

OFFICE USE ONLY:

Date Fee Paid: _____ Amount Paid: _____ Received By: _____

TMS #: _____ Zoning District: _____

Comments: _____