



ZONING AMENDMENT APPLICATION

Code Compliance and Development Office
100 E Windsor St, Westminster, SC 29693-0399
864-647-3200 x 105 www.westminstersc.org

Notes and Instructions:

Zoning amendments should be consistent with the comprehensive plan. A pre-application meeting prior to submission of a zoning amendment application is recommended. The form below must be fully executed and signed by the property owner(s) and submission of the required information and application fee paid before the scheduling of a public hearing.

APPLICATION & PUBLIC NOTICE INFORMATION	
APPLICATION DATE: _____	ZA _____ - _____ - _____
PUBLIC HEARING DATE: _____	RECEIVED BY: _____
PROPERTY POSTED DATE: _____	FEE: _____
PUBLICATION DATE: _____	RECEIPT #: _____
SUBJECT PROPERTY INFORMATION	
STREET ADDRESS: _____	TMS/PIN #: _____ CURRENT ZONING: _____
DEED BOOK/PAGE #: _____	PLAT BOOK/PAGE#: _____ PROPOSED ZONING: _____
SUBDIVISION NAME: _____	BLOCK: _____ LOT: _____ AREA SQ. FT. _____
OWNER(S) OF RECORD	
OWNER(S) NAME: _____	
MAILING ADDRESS: _____	PHYSICAL ADDRESS: _____
HOME PHONE: _____	WORK PHONE: _____ CELL PHONE: _____
EMAIL: _____	
<p>I (We) certify that the information submitted is true and accurate; there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested.</p> <p><input type="checkbox"/> I (We) appoint the below named person as my (our) agent to represent me (us) in this request for zoning amendment.</p>	
DATE: _____	_____
OWNER(S) SIGNATURE	
OWNER(S) AGENT/DESIGNEE	
AGENT NAME: _____	
MAILING ADDRESS: _____	PHYSICAL ADDRESS: _____
HOME PHONE: _____	WORK PHONE: _____ CELL PHONE: _____
EMAIL: _____	
DATE: _____	AGENT/DESIGNEE SIGNATURE: _____

DESCRIPTION OF REQUEST (Answer all questions under this section)

A. Describe the existing uses of the subject property and the existing site improvements, buildings, and activities:

B. Describe the proposed uses of the subject property and the proposed site improvements, buildings, and activities:

C. Describe the existing land use and zoning district classification of all abutting properties:

D. Describe how the existing conditions have changed making the request valid :

E. Describe how the proposed amendment will answer the changes of conditions:

F. Describe how the proposed amendment furthers the objectives of the comprehensive plan:

SUBMITTAL CHECKLIST

<input type="checkbox"/> PRE-APPLICATION CONFERENCE Date:	<input type="checkbox"/> SITE PLAN – (1"=20' Scale or larger) showing boundaries, buildings, site-improvements with setbacks for each.	<input type="checkbox"/> ELEVATIONS if new construction or addition.
<input type="checkbox"/> TRANSPORTATION ANALYSIS, if requested.	<input type="checkbox"/> CONCEPTUAL MASTER PLAN, if request.	<input type="checkbox"/> ADDITIONAL INFORMATION, if requested.
<input type="checkbox"/> OTHER:		