

Florence County Planning Department
518 South Irby Street
Florence, South Carolina 29501
Phone (843) 676-8600 Fax (843) 676-8667
ZONING MAP AMENDMENT (ZONING/REZONING) APPLICATION

Date filed: _____ Request No. _____

FOR OFFICE USE ONLY

Hearing Date: _____ Fee Paid: _____ Notice Published: _____

Planning Commission Recommendation: _____

Date of Recommendation: _____

Florence County Council Action: _____

Date of Action: _____

INSTRUCTIONS

A zoning map amendment may be initiated by the property owner, Planning Commission, or Governing Council. The Florence County Planning Commission must then hold a public hearing. The applicant and/or agent must appear at the hearing to present the case before the Planning Commission. After the Planning Commission has made its recommendation, the issue will then go to Florence County Council.

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not the owner, the owner(s) must sign the Designation of Agent section.

A \$100.00 fee must accompany this application.

THE APPLICANT (S) HEREBY REQUEST (S) that the property described below be zoned/rezoned from _____ to _____.
(Pertinent zoning district information required here)

THE APPLICANT (S) is/are the () property owner(s), () agent of property owner(s) or () option holder(s).

APPLICANT (S) (Please print or type):

Name(s): _____

Address: _____

Telephone Number: _____ [work] _____ [home]

[Use reverse side if more space is needed]

PROPERTY ADDRESS: _____

Tax Map No. _____, Block _____, Parcel _____, Lot _____,

Subdivision _____

Plat Book _____ Page _____

Lot Dimensions: _____ Area: _____

Zoning District: _____ Zoning Map Page: _____

DESIGNATION OF AGENT [complete only if owner is not applicant]:

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for rezoning.

Signature: _____ Date: _____

I (we) certify that the information in this request is correct.

Applicant(s) signature: _____ Date: _____

Printed name: _____ Date: _____

IV. Proposed Change:

Amendment to Map. It is requested that the property described and shown on the attached site plan be zoned to _____.

Amendment to Map. It is requested that the property described and shown on the attached site plan be rezoned from _____ to _____.

Present use of property: _____
_____.

Proposed use of property: _____
_____.

I certify that I have received and read the attached copy of Section 30-30 Table III: Zoning Setbacks for Residential, Business, and Rural Districts and understand that the property must meet these requirements.

I understand that other conditions such as a bufferyard or special setbacks may also be imposed by the Zoning Ordinance.

Applicant(s) signature: _____ Date: _____

V. Proposed Change (Check those applicable)

Amendment to Text. It is requested that Section _____ of the Zoning Ordinance be amended to read as follows:

Note: An amendment to the text of the Ordinance may be implemented only by Zoning Officials, Planning Commission and Governing Councils.

VI. Adjacent Property Owners

List all property adjacent to the subject property.

Name	Address	Present Use
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all of the above information including any attachments provided along with this application is true and accurate to the best of my knowledge.

Signature

Date