

APPLICATION for AMENDMENT TO OFFICIAL GREENVILLE COUNTY ZONING MAP

It may be beneficial to schedule an appointment with Staff before submitting an application to ensure compatibility with the Zoning Ordinance and the Comprehensive Plan.

GREENVILLE COUNTY
 Greenville County Square
 301 University Ridge, Suite S-3200
 Greenville, SC 29601
 Phone: (864) 467-7425
 Zoning@greenvillecounty.org

This application must be submitted in person no later than 12:00 p.m. on the application deadline date.

Property Owner / Authorized Representative

Property Owner's Name (Last, First, Middle)		Phone
Address (Street, City, State, Zipcode)	Email	
Authorized Representative's Name (Last, First, Middle)	Phone	Company
Address (Street, City, State, Zipcode)	Email	
Signature by Owner		Date

Note: Authorization letters must be included from all stakeholders.

Requested Amendment to the Zoning Map

Tax Map No	Zone From	Zone To
Tax Map No	Zone From	Zone To
Tax Map No	Zone From	Zone To

Note: If a portion of a parcel is to be zoned/rezoned, a survey plat of the property to be zoned/rezoned must be included with the application.

Proposed Use: **Attach sheet with explanation (REQUIRED).** Be as detailed as possible. Withdrawals result in a 6 month waiting period and denials result in a 12 month waiting period before another rezoning request can be made.

Are there recorded private covenants and/or restrictions that are contrary to, conflict with, or prohibit the proposed request?

Yes No *If Yes, a copy of the private covenants and restrictions must be submitted with this application.*

Property Information

Property location			Water Available <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list provider	Sewer Available <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list provider
County Council District	Requested Acreage	Frontage on Public Road Feet		

Review Districts Special Instructions

Zoning Requests for Review Districts (PD, FRD, NC, & POD) require a pre-submittal meeting with the Planning & Zoning Staff at least ten (10) business days prior to the application deadline. A physical and electronic copy of the completed Statement of Intent, Concept Plan, and all other supporting documents must be presented at the pre-submittal meeting and with the application. If any significant changes are made to the Preliminary Development Plan or Statement of Intent that exceeds Staff's comments and/or significantly alter the basic concept and general characteristic of the proposed development, the requested rezoning application will be Administratively Withdrawn to allow Staff adequate time to review the revised submittal. **Incomplete applications will not be accepted.**

For Review Districts (select one) Residential Commercial Other _____ Date of Pre-submittal meeting _____

Notice of Public Hearing

The public hearing to consider this request is scheduled for (Date) ____ / ____ / ____ at 6:00 p.m. in the County Council Chambers at 301 University Ridge, Greenville, South Carolina.

Signature by Owner or Authorized Agent	Date
Print Name	Permit Version: 231122 - NEM

For Staff Use

Docket Number	Date Submitted	Posting Date	Fee Paid	Taken By
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For more information on the status of your review, call (864) 467-7425; visit County Square, Suite S-3200; or visit www.greenvillecounty.org/Zoning/Rezoning.aspx

**Greenville County Planning & Zoning Department Acting
Agent Authorization Form**

If you are the acting agent for the property owner, we need written documentation granting you the authority to do so. Please have the Property Owner fill out the following form.

Date: _____

I, _____, am the owner of property in Greenville County

(Name of Person or Entity Owning the Property – **MUST MATCH DEED**)

located at address _____

and having Tax Map # _____.

I hereby authorize:

_____, _____,
(Relationship)

_____, _____,
(Relationship)

_____, _____,
(Relationship)

_____, _____,
(Relationship)

to act as my agent for the subdivision, permitting, and/or development of the above-mentioned property.

Attested:

**Person or Entity Owning the Property
(MUST MATCH DEED):**

_____(Signature)

By: _____(Signature)

_____(Printed Name)

_____(Printed Name)

Its: _____(Title)

Appropriate Signatures if Acting on Behalf of an Entity:

Corporation – President, Vice President, Secretary/Treasurer

LLC – Member or Manager

LP – General Partner

Partnership – General Partner or Partner

Trust - Trustee