

# APPLICATION for MINOR CHANGES TO A REVIEW DISTRICT, STATEMENT OF INTENT AND/OR CONCEPT PLAN

A \$50.00 fee is required with each request

## GREENVILLE COUNTY

Greenville County Square  
301 University Ridge, Suite 4100  
Greenville, SC 29601-3686  
Phone: (864) 467-7425 Fax: (864) 467-7164  
Zoning@greenvillecounty.org



**Prior to submitting this application, the Zoning Administrator must determine whether a change is major or minor.  
This application is only for minor changes.**

## 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.*

## Applicable Tax Map Numbers

	Project Name
Tax Map No	Current Zoning
Tax Map No	Current Zoning
Tax Map No	Current Zoning

## Property Information

Property Location		Previous Docket #
County Council District	Total Acreage	Frontage on Public Road Feet

What aspect(s) of the Review District do you seek to change? Be specific about changes that result in additional users and/or traffic to the site or increases in building size.

**One hard copy and one electronic copy is required at the time of submittal. Incomplete applications will not be accepted. Any documents that are changing must be included at the time of submission.**

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

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

### For Staff Use

Project Number	Date Submitted	Fee Paid	Taken By	Permit Version: 230207NM
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For more information on the status of your review, call (864) 467-7425; visit County Square, Suite 4100; or visit [www.greenvillecounty.org/Zoning/Rezoning.aspx](http://www.greenvillecounty.org/Zoning/Rezoning.aspx)