

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 4100
Greenville, SC 29601-3686
Phone: (864) 467-7425 Fax: (864) 467-7164
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 explanantion (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. **Incomplete applications will not be accepted.**

For Review Districts (select one)

Date of Pre-submittal meeting held with Staff

Residential Commercial Other _____

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: 221128 - 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 4100; or visit www.greenvillecounty.org/Zoning/Rezoning.aspx