



TOWN OF SPRINGDALE

2915 Platt Springs Road • Springdale, SC 29170
Office (803) 794-0408 • Fax (803) 791-0567
Visit the Town Web Site at www.springdale.sc.com

Application to Amend the Zoning Map

Date Filed: _____ Fee Paid: _____ TMS #: _____ Request # _____

Instructions

A zoning map amendment may be initiated by the property owner(s), planning commission, zoning administrator, or city/town/county council. If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent located at the bottom of the form.

Upon completion, please return the application to Town Hall, 2915 Platt Springs Rd, Springdale, SC 29170.

The applicant hereby requests that the property described below be rezoned from _____
to _____. Please explain the reason for the request: _____

APPLICANT INFORMATION [print]:

Name: _____

Address: _____

Telephone: _____ Email: _____

SUBJECT PROPERTY ADDRESS: _____

Lot _____, Block _____, Subdivision _____

Tax Map No. _____ Plat Book _____, Page _____

Lot Dimensions: _____ Area: _____

Zoning District: _____

Designation of Agent [complete only if owner is not the applicant]: I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request. _____

Property Owner Signature

Applicant Signature

I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of South Carolina regulating such work and to the specifications and plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

Applicant* (PRINT)

Applicant Signature

Date

OFFICIAL USE ONLY

DATES Public Hearing: _____ First Reading: _____ Second Reading: _____

Planning Commission Recommendation/Explanation: _____

Town Council Final Decision: _____

Zoning Official Initial _____