



# 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.springdalesc.com](http://www.springdalesc.com)

## Application to Amend the Zoning Ordinance

Date Received (OFFICE USE ONLY) \_\_\_\_\_ By (OFFICE USE ONLY) \_\_\_\_\_

Applicant (PLEASE PRINT): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**TO THE HONORABLE MAYOR AND TOWN COUNCIL,**

**I, the applicant named above, under signature of my own hand below, hereby request that the Zoning Ordinance of the Town of Springdale, South Carolina be amended as described below:**

1. This application requests a change to the:
  - ( ) **Zoning Map** (complete only item numbers 2, 3, 4, 5, and 7) NOTE: Plat of property must be attached
  - ( ) **Zoning Text** (complete only item numbers 6 and 7)
2. Provide the exact address and the tax map reference number of property to be considered for rezoning:
 

\_\_\_\_\_
3. How is this property presently zoned? \_\_\_\_\_
4. What zoning do you propose for this property? \_\_\_\_\_
5. Do you own any of the property proposed for this zoning change? Answer YES or NO; if NO, provide the address of the property that you own.
 

\_\_\_\_\_
6. What section or sections of the text of the Zoning Ordinance would be affected?
 

\_\_\_\_\_
7. Describe your proposal in detail (please attach additional paper if you need more space):
 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I understand that, while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with me.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_