



**Application for Rezoning  
\$50 Fee**

**Applicant**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Property Owner (if other than Applicant)**

Name \_\_\_\_\_

Mailing Address  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Property Information**

Address \_\_\_\_\_

Tax Map Number \_\_\_\_\_ Existing Zoning \_\_\_\_\_

Current Use of Property \_\_\_\_\_

Acres: \_\_\_\_\_ Lot Dimensions \_\_\_\_\_

**Property Characteristics**

\_\_\_\_\_

Property Size \_\_\_\_\_ acres

Existing Zoning \_\_\_\_\_ Current Use of Property \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_ Proposed Use of Property \_\_\_\_\_

Reasons for request/supporting information and justification to be listed in the staff's report and evaluation \_\_\_\_\_

CHECKLIST

\_\_\_\_\_ \$ \_\_\_\_\_ Fee  
\_\_\_\_\_ seven (7) copies of the current plat of the property  
\_\_\_\_\_ a legal description of the property

I certify that all of the information presented by me in this application is accurate to the best of my knowledge and belief.

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

**For Office Use Only**

Completed Application Received _____	Application Number _____
PC Approved ____ PC Disapproved _____	Date of PC Meeting _____
Fee \$ _____	Date of Public Hearing _____
City Council 1 <sup>st</sup> Reading _____	
City Council 2 <sup>nd</sup> Reading _____	
Approval Signature: _____	

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