



Rezoning Application

Date of Application Completion

Application Status (Approved or Denied)

Applicant's Information

Name: _____

Mailing Address: _____

Telephone and Fax: _____ E-Mail: _____

Owner's Information

(If Different from Applicant)

Name: _____

Mailing Address: _____

Telephone and Fax: _____ E-Mail: _____

Designation of Agent: (Complete only if owner is not the applicant)

I (We) hereby appoint the person named the Applicant as my (our) agent to represent me (us) in this request for rezoning.

Owner's Signature

Date

Project Information

Property Location: _____

Parcel Number(s)/TMS: _____

County Council District: _____ School District: _____

Total Acreage: _____ Current Land Use: _____

Current Zoning: _____ Requested Zoning: _____

Purpose of Rezoning: _____

Private Covenants or Deed Restrictions on the Property: Yes _____ No _____
If you indicated no, your signature is required.

Applicant's Signature

Date

If you indicated yes, please provide a copy of your covenants and deed restrictions with this application - pursuant to State Law (Section 6-29-1145: July 1, 2007) - determining existence of restrictive covenants. Copies may be obtained at the Register of Deeds Office. It is the applicant's responsibility for checking any subdivision covenants or private covenants pertaining to the property.

Comments: _____

Please attach an accurate plat (survey) of the property to this application.

A zoning map amendment may be initiated by the property owner(s), Planning Commission, Zoning Administrator or County Council.

Please refer to the Anderson County Planning & Community Development Fee Schedule for amount due.

As the applicant, I hereby confirm that the required information and materials for this application are authentic and have been submitted to the Planning & Community Development office.

Applicant's Signature

Date

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For Office Use Only:

Application Received By: _____ Date Complete Application Received: _____

Scheduled Advisory Public Meeting Date: _____ Zoning Advisory Recommendation: _____

Scheduled Commission Public Hearing Date: _____ Planning Commission Recommendation: _____

Scheduled Council Public Hearing Date: _____ County Council Decision: _____