



City of Florence, South Carolina
324 West Evans Street, Florence, SC 29501-3465
Planning, Research, & Development Department
Phone: (843) 665-2047

Planning Commission Zoning or Rezoning Application
\$100 Review Fee

Application Date: _____ **Request No.** _____

INSTRUCTIONS

A zoning map amendment may be initiated by the property owner, Planning Commission, or City Council. The City of Florence Planning, Research, & Development Department must hold a public hearing. The applicant and/or agent must appear at the hearing to represent the request before the Planning Commission. After the Planning Commission has made its recommendation, the request then goes to City Council for two readings.

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not the owner, the owner(s) must sign the Designation of Agent section.

PROPERTY ADDRESS: _____

Tax Map No(s). _____ **Subdivision** _____

Lot Area: _____ **Zoning District (County or Current):** _____

THE APPLICANT(S) is/are the () property owner(s), () agent of property owner(s) or () option holder(s).

APPLICANT(S) (Please print or type):

Name(s): _____

Address: _____

Telephone Number: _____ **[work]** _____ **[home]**

Email Address: _____

DESIGNATION OF AGENT [complete only if owner is not applicant]: I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for rezoning. The signature(s) of the owner(s) must be notarized.

Owner(s) Signature(s): _____ **Date:** _____

Printed name: _____ **Date:** _____

ZONING REQUEST

Proposed Amendment to Zoning Map (Annexation of Parcel(s) Outside City Limits):

[] Request that the property described above and shown on the attached site plan be zoned to _____.

Present use of property: _____.

Proposed use of property: _____.

REZONING REQUEST

Proposed Amendment to Zoning Map (Rezoning of Parcel(s) Currently Within City Limits):

[] Request that the property described above and shown on the attached site plan be rezoned from _____ to _____.

Present use of property: _____.

Proposed use of property: _____.

Are there any Covenants, Conditions, and Restrictions (CCRs) that may restrict this use?

No: (____) please initial _____ Yes: (____), Provide a Copy

STATEMENT OF UNDERSTANDING: I certify that I have received the link, available online at <https://online.encodeplus.com/regs/florence-sc/> and read the relevant Sections and Tables of the Unified Development Ordinance of Florence, SC for this Zoning District, and I understand that the indicated parcel(s) must meet these requirements. I understand that other conditions specific to a given zoning district may be imposed by the Unified Development Ordinance of Florence, SC.

I certify that all of the above information, including any attachments provided along with this application, is true and accurate to the best of my knowledge.

APPLICANT(S) SIGNATURE: _____ Date: _____

Printed name: _____ Date: _____

FOR OFFICE USE ONLY

Hearing Date: _____ Fee Paid: _____ Notice Published: _____

Staff: _____ Date: _____