

CHESTERFIELD COUNTY JOINT PLANNING COMMISSION 178 Mill St.

Chesterfield, SC 29709 Phone: (843) 623-9615 • Fax: (843) 623-9637

ZONING TEXT/MAP AMENDMENT APPLICATION

□ Мар	☐ Text
Applications must be submitted to Chesterfield Co 178 Mill Street, Chesterfield, South Carolina or el buildingcodes@chesterfieldcountysc.com. Applic or by phone. Both application and fee must be sub Commission meeting. Incomplete applications will Commission.	ectronically to ation fee of \$200, must be submitted in persor mitted 22 days prior to the next Joint Planning
To be completed by applic	cant – PLEASE PRINT
Applicant:	
Applicant Address:	City/SC/ZIP:
Phone:	Email:
Property Owner(s) Namer [if different from Appli	cant]:
Phone:	Email:
Property Information	
Property Address:	City/SC/ZIP:
Tax Map Number: Lot:	Block: Parcel:
Subdivision:	
Plat Book:	Page:

Current Land Use:

Proposed Land Use [please be specific]:



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Current Zoning Classification:		
Proposed Zoning Classification:		
Reason for requested Zoning / Description of Text A	mendment:	
What concerns does the proposed amendment address	s?:	
Supporting Documents		
Applicant must submit the following documents with	both application and fee.	
-Site Plan (see PROCESS FOR SUBMITTING APP	LICATIONS document for requirements)	
-Sample Plot Plan		
-Tax Map of the subject property (for map amendmen	ats only)	
Designation of Agent [complete if owner is not App	licant]	
I (we) hereby appoint the person named as Applicant this application:		
Signature of Owner	Date	
I,, certify tha	t I am the owner of the subject property,	
and the information on this application is complete an to be posted and inspected.	ad accurate. I authorize the subject property	



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Signature of Owner	Date
Signature of Applicant/Representative	Date
OFFICE USE ONLY	
Date Filed:	Request Number:
Fee Paid:	Receipt Number:
Meeting Date:	Reviewed By: