

# Town of Summerton

## Zoning Map Amendment (Rezoning) Application

### Instructions

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

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

The Applicant Hereby Request that the property described below be rezoned from \_\_\_\_\_ to \_\_\_\_\_.

APPLICANT(S) (print): \_\_\_\_\_

\_\_\_\_\_

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

Telephone: work \_\_\_\_\_ home \_\_\_\_\_

Interest: \_\_\_\_\_ Owner(s): \_\_\_\_\_ Agent of owner(s): \_\_\_\_\_ Other \_\_\_\_\_

OWNER(S) (if other than Applicant(s):

\_\_\_\_\_

\_\_\_\_\_

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

Telephone: \_\_\_\_\_ work \_\_\_\_\_ home \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Plat Book \_\_\_\_\_ Page \_\_\_\_\_

Lot Dimensions \_\_\_\_\_ Area \_\_\_\_\_

Zoning District \_\_\_\_\_

Zoning Map Page

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DESIGNATION OF AGENT (Complete only if owner is not applicant):

I (we) certify the information in this request is correct.

Date: \_\_\_\_\_

Applicant signature(s) \_\_\_\_\_

Date Filed: \_\_\_\_\_ Request # \_\_\_\_\_

- **DATE FILED AND REQUEST # TO BE COMPLETED BY TOWN HALL.**
- **APPLICANT(S) SHOULD COMPLETE ALL INFORMATION PERTAINING TO REQUEST.**
- **APPLICANT(S) SHOULD DATE AND SIGN FORM.**
- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **The signed original form must be returned along with the appropriate application fee:**

Up to two lots \$250.00 plus publication fee  
Each additional lot: \$25.00  
Raw acreage: \$250.00 plus \$10.00/acre

The Town of Summerton  
PO BOX 217  
Summerton, SC 29148