REZONING REQUEST APPLICATION
Colleton County Planning and Development
P.O. Box 98
31 Klein Street
Walterboro, SC 29488

Phone (843) 549-1709 Fax (843) 549-9014

Date _____

Instructions: Applicants must complete and submit this form and fee with all the required information to the Department of Planning & Development at the address listed above. Each request will be heard first by the Planning Commission. The Planning Commission's recommendation will be forwarded to Colleton County Council for three (3) readings of an Ordinance. At third reading, a public hearing is held for the general public to comment on the request.

Planning Commission Meeting Date:_____

AUTHORIZED/LEGAL REPRESENTATIVE (if applicable)

Name_____**Phone**_(___)_____
Mailing Address_____
City_____**State**_____**Zip Code**_____

PROPERTY OWNER

Owners Name_____**Phone**_(___)_____
Mailing Address_____
City_____**State**_____**Zip Code**_____

LOCATION

Site Address_____**Tax Map #** _____-_____-_____-_____
City_____**State**_____**Zip Code**_____
Acreage:_____**Applicant's Relationship:**_____

REQUEST

Request Zoning Change From_____**to**_____

Reason for Rezoning Request:_____

_____

_____

_____

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_____

I do hereby certify as property owner/authorized/legal representative that the information shown on this application is correct.

Signed _____**Date** _____