



**ZONING MAP AMENDMENT APPLICATION
(ZONING & REZONING)**

Date _____

(Fees for this application are based on a sliding scale - See Fee Schedule)

Tax Map Number(s) _____

Property Address(s) _____

Acreage of Properties _____ County _____

<u>Applicant Information</u>
Name _____
Address _____

Contact Number _____
Email _____

<u>Property Owner Information</u> <i>(If multiple owners, see back of sheet)</i>
Name _____
Address _____

Contact Number _____
Email _____

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described? Yes ___ No ___

The applicant hereby requests that the property described be zoned *(in the case of Annexation)* or rezoned from _____ to _____.

Existing Use: _____ Proposed Use: _____

Signature(s) _____

All zoning classifications, permitted uses and fees are available at www.cityofgreer.org

<u>OFFICE USE ONLY</u>	
Date Filed _____	Case No. _____
Meeting Date _____	

Complete the section below if multiple property owners

Name _____
Address _____
Contact Number _____
Signature _____

Name _____
Address _____
Contact Number _____
Signature _____

Name _____
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Contact Number _____
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