



REZONING APPLICATION

I certify that all the information on this application and any documentation attached are correct to the best of my knowledge.

Applicant: _____

Email Address: _____ Phone Number: _____

Property Owner: _____

Email Address: _____ Phone Number: _____

[] Rezoning

1. Property address: _____ Tax Map Number: _____

2. Current Use of Property: _____ Acreage of Property: _____

3. Current Zoning of Property: _____ Proposed Zoning: _____

4. Reason for Rezoning Property: _____

5. Surrounding Property Zonings

a. North: _____

b. East: _____

c. South: _____

d. West: _____

Pursuant to the South Carolina Local Government Comprehensive Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is this tract or parcel restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with or prohibits the (proposed) permitted activity?

Yes No

- By signing below, you are stating that you have Read the Town of Lyman Zoning Ordinance requirements for the district you are requesting and have addressed these in the proposed development plans.
- All supporting documents, plans, proof of ownership deeds, and fees need to be submitted with this application in order to be considered a complete application.

Signature: _____ Date: _____

----- For Official Use Only -----

[] APPROVED

[] DENIED

Zoning Administrator: _____

Date: _____

Current Zoning District: _____

Fee Paid: _____

Setbacks: Front _____ Left _____ Right _____ Rear _____

Comments/Conditions: _____