



# REQUEST FOR REZONING APPLICATION

This is an application to request an amendment to the Zoning Map of the City of Myrtle Beach, South Carolina. All information contained in this application is subject to public disclosure under the South Carolina Freedom of Information Act (FOIA).

**TYPE OR PRINT** all answers on this application. Attach any additional information requested to complete this application. There is a five hundred dollar (\$500.00) non-refundable fee for this application. (Cash or check payable to “City of Myrtle Beach”.)

The following items are required to process a request for rezoning:

- \_\_\_\_\_ A completed rezoning request application, signed by the property owner(s) or agent authorized to request a rezoning.
- \_\_\_\_\_ If property owner(s) are not representing themselves, authorization for an agent to act on behalf of the property owner must be submitted.
- \_\_\_\_\_ A written legal description (metes and bounds) of the property.
- \_\_\_\_\_ Recent (within 6 months) boundary survey of property: **38 paper copies** no larger than 11” X 17”**and a digital copy** in either .pdf or .jpeg format. Staff may accept other property description instruments (i.e. plats or surveys) at their discretion.
- \_\_\_\_\_ Copy of deed(s) proving ownership of property.

Requests for rezoning are considered by the Planning Commission at their regularly scheduled meeting (the third Tuesday of the month). To be placed on the Planning Commission’s agenda, the completed rezoning application and all additional requested materials must be submitted to the City of Myrtle Beach Planning Department (located on the first floor of City Hall) by 5:00 p.m. on the date of the deadline. A deadline schedule is available from the Planning Department upon request. The recommendation of the Planning Commission will be forwarded to City Council for final action. **This application in no manner implies approval or acceptance of the proposed rezoning request by the City of Myrtle Beach nor does the City waive its right and privilege to deny such application.**

**Public Hearing:** Regulations require that this application be given a public hearing. Notification of the public hearing will be in the form of advertisement in a local newspaper, public hearing sign(s) posted on the property, and letters mailed to property owners within 300 feet of the property.

**Withdrawal Policy:** Complete applications will be processed by the Planning Department. At the written request of the applicant, **PRIOR TO PUBLIC NOTIFICATION**, an application may be continued, tabled or withdrawn. Once the public has been notified of the public hearing, the application request shall be placed on the agenda. During the public hearing, the applicant may request that the item be continued or tabled. **Should the applicant wish to remove the request from the agenda after public notification but prior to the public hearing, the applicant must withdraw the application in writing. Once an application is withdrawn the file is closed. Another application, along with any applicable fees, may be submitted at a future date.**

If there are any questions regarding rezoning policies and procedures, or if you need assistance in completing the application please contact the Planning Department at:

**CITY OF MYRTLE BEACH PLANNING DEPARTMENT  
CITY HALL, 937 BROADWAY  
P.O. BOX 2468, MYRTLE BEACH, SC 29578  
PHONE – 843-918-1050 / FAX – 843-918-1083  
WEBSITE – [www.cityofmyrtlebeach.com](http://www.cityofmyrtlebeach.com)**

**REQUEST FOR REZONING APPLICATION**  
PRINT OR TYPE ALL ANSWERS (EXCEPT SIGNATURE)

**APPLICANT INFORMATION:**

**Primary Contact:** \_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Property Owner # 1:** \_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Agent # 1 (if applicable): \_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Owner # 2:** \_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Agent # 2 (if applicable): \_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Owner # 3:** \_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Agent # 3 (if applicable): \_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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Description of Property.

Street address of property to be rezoned (if applicable): \_\_\_\_\_

Horry County Tax Map (TMS) Number: \_\_\_\_\_

Current City of Myrtle Beach Zoning Designation: \_\_\_\_\_

Exact size of subject property: Acre(s): \_\_\_\_\_ Square Footage: \_\_\_\_\_

Zoning Requested.

What type of zoning district is requested? \_\_\_\_\_

What City Zoning District is requested (if known)? \_\_\_\_\_

(NOTE: The zoning district requested in this application may not be the zoning district approved for the subject parcel by City Council after consideration and approval of the rezoning request).

Explain why this property should be zoned as requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specify proposed land use (i.e. retail store, single-family homes, restaurant, etc.): \_\_\_\_\_

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**SIGNATURE AND CERTIFICATION**

The undersigned hereby respectfully request that the City of Myrtle Beach Planning Commission review this request for rezoning application for the above-described property. All of the above statements and information, whether written on this application or attached, are true and correct to the best of my knowledge and belief. Signature(s) of all property owner(s) or authorized agent(s) must be obtained before application can be accepted for processing.

Signature of Property Owner # 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agent # 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner # 2: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agent # 2: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Property Owner # 3: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorized Agent # 3: \_\_\_\_\_ Date: \_\_\_\_\_