SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449
SUMTER, SOUTH CAROLINA 29151
(803) 774-1600

APPLICATION FOR ZONING RECLASSIFICATION ☐ CITY ☐ COUNTY

Applicant's Name _____

Applicant's Address _____
Street

_____ **Phone** _____
City State Zip

Owner's Name
(This must be filled in) _____

Owner's Address
(This must be filled in) _____
Street

_____ **Phone** _____
City State Zip

Tax Map No. _____ **Size of Parcel(s)** _____

General Location _____

_____

Present Zoning/Use
Proposed Zoning/Use _____

Use of Adjacent Property ***North*** _____ ***East*** _____
South _____ ***West*** _____

Size of Development _____

Remarks _____

_____ _____
Signature of Property Owner **Date**

APPLICATION MUST:

- **Be submitted 22 days prior to next scheduled Planning Commission meeting**
- **Include a detailed site plan**
- **Include building plans of the proposed development**
- **Include an application fee of $100.00 (City or County)**

OFFICE USE:
Date Fee Paid _____ *Amount Paid* _____
Reviewed By _____ *Meeting Date* _____