

REZONING APPLICATION CHECKLIST

The following checklist is to aid the applicant in providing the necessary materials for submittal.

	nentation to the Planning, Building and Zoning Department:
A narı	rative listing the reason(s) for the rezoning request that include:
	The request is in accordance with the Town's Comprehensive Plan;
	Would allow a range of uses that are compatible with the uses allowed in other properties in the immediate vicinity;
	Is appropriate for the land;
	Is consistent with the overall zoning land use as provided for on the future land use map located within the town's comprehensive plan.
	Would avoid creating an inappropriately isolated zoning district unrelated to adjacent and surrounding zoning districts
Other	Submittal required items:
	Survey of the property
	Property owner's written consent
	Rezoning fee of \$250.00
	List of property owners with mailing addresses within 150 ft. of the
	proposed rezoned property



Town of Surfside Beach Planning, Building & Zoning Department 115 Hwy. 17 North Surfside Beach, SC 29575 843-913-6341

REZONING APPLICATION

Notes and Instructions:

Rezoning request should be consistent with the Town of Surfside Beach Comprehensive Plan. The form below must be fully executed and signed by the property owner(s) and submission of the required information and application fee paid before placed on the Planning Commission agenda.

Applicant Information Mailing Address: Telephone: _____ Email: _____ **Owner's Information** (If different from applicant) Mailing Address: Telephone: _____Email: _____ Designation of Agent: (Complete only of owner is not the applicant) I, (We) hereby appoint the person named the Applicant as my (our) agent to represent me (us) in this request for rezoning. Owner's Signature Date **Project Information** Property Location: Parcel Number(s)/TMS/PIN: Total Acreage: _____ Current Land Use: _____ Current Zoning: _____ Requested Zoning: _____ Purpose of Rezoning: _____

itive or negative recommendation to the Town Council. Only Town Council or deny amendments to the zoning map. the applicant, I hereby confirm that the required information and materials nentic and have been submitted to the Town of Surfside Beach Planning, Boartment. Date USE ONLY:	tive covenants. Copies		
resuant to State Law (Section 6-29-1145) – determining existence of restrict to be obtained at the Horry County Register of Deeds Office. It is the application of the production of the product	tive covenants. Copies		
ezoning request may be initiated by the town council; the planning commissis or her designee; or by the owner of such property for which an amendmulicants for amendments to the zoning map are heard by the Planning Commitive or negative recommendation to the Town Council. Only Town Council or deny amendments to the zoning map. The applicant, I hereby confirm that the required information and materials mentic and have been submitted to the Town of Surfside Beach Planning, Boartment. Date Date USE ONLY:			
discants for amendments to the zoning map are heard by the Planning Comitive or negative recommendation to the Town Council. Only Town Council or deny amendments to the zoning map. The applicant, I hereby confirm that the required information and materials mentic and have been submitted to the Town of Surfside Beach Planning, Boartment. Date Dicants Signature Date			
USE ONLY:	Applicants for amendments to the zoning map are heard by the Planning Commission, which makes a positive or negative recommendation to the Town Council. Only Town Council has the authority to grant or deny amendments to the zoning map. As the applicant, I hereby confirm that the required information and materials for this application are authentic and have been submitted to the Town of Surfside Beach Planning, Building & Zoning Department.		
cation Received by: Date Completed Application Received:			
Fee Amount Paid: Paid By: CASH CHECK CF			
ised for Public Hearing: Public Hearing Date:	EDIT CARD		
ommission Recommendation to Town Council: 2 nd Reading Date:	EDIT CARD		



REZONING APPLICATION SUPPLEMENT

Project Information

Property Location:	
Parcel Number(s)/TMS/PIN:	* A A A A A A A A A A A A A A A A A A A
Total Acreage:	Current Land Use:
Current Zoning:	Requested Zoning:
How will this proposal be compatible	e with surrounding properties?
Can the property be developed for a why not.	a reasonable economic use as currently zoned? Please explain why or
How is the proposal consistent with Future Land Use Map?	the Town of Surfside Beach Comprehensive Plan: particularly the

On a separate page, please provide any additional information or evidence that supports your request and the statements that you have provided in this application and supplement.