



Building & Zoning Department
216 S. Catawba Street PO Box 1149
Lancaster SC 29721-1149
Phone: 803-283-4253
Fax: 803-286-5927

Request for Amendment in Zoning Ordinance

Application Fee: \$200.00

Do Not Write In This Box
Date Received: Received By: Fee Paid:

To the Honorable Mayor and City Council:

The undersigned hereby respectfully requests that the City of Lancaster zoning ordinance be amended as described below and submits the following information in support of such request.

1. This is a request for a change in the (check one):

- Zoning Map (fill in all items below except #8)
Zoning Text (fill in items #8 and #10 only)

2. Description of property for which a zoning change is proposed:

Street Address Presently Zoned
Date Deed Recorded Deed Book Page Number
Plat Book Page Map Group Parcel

3. Attach a plat showing the property as it now exists.

4. Area of subject property (square feet or acres):

5. Describe Improvements:

6. Zoning proposed for this property (see Section 31-5 of Ordinance):

- Check one: Applicant owns all of the property proposed for this zoning change.
A list showing the names and addresses of all property owners is attached.

8. This involves a change in the following Section(s) of the Zoning Ordinance:
Attach text of proposed change(s).

9. Attach an opinion by an attorney as to existence of property restrictions and a statement thereof (if appropriate).

10. Explanation of and reasons for proposed change:

(use back of form if additional space is needed)

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

APPLICANT'S NAME Print SIGNATURE

ADDRESS Street City ST Zip

TELEPHONE DATE