



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

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): _____

7. 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 _____ SIGNATURE _____
Print

ADDRESS _____
Street City ST Zip

TELEPHONE _____ DATE _____

For Office Use Only

Ordinance #: _____ Received By: _____ Reviewed By: _____ Date Received: _____