

Building, Planning, Zoning & Licensing Department 216 S. Catawba Street, PO Box 1149 Lancaster SC 29721-1149

Phone: 803-283-4253

Request for Amendment in Zoning Ordinance

Application Fee: \$400.00

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 ch	ange in the (ch	eck 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 Z	Presently Zoned		
	Date Deed Recorded	Deed Recorded		Deed Book		Page Number		
	Plat Book	Page	Map	Group	P	arcel		
3.	Attach a plat showing the	e 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: App	licant owns all	of the property propose	d for this zoning chan	ge.			
	A lis	st showing the n	ames and addresses of a	all property owners is	attached.			
8.	This involves a change in Attach text of proposed		Section(s) of the Zoning	Ordinance:			_	
9.	Attach an opinion by an attorney as to existence of property restrictions and a statement thereof (if appropriate).							
10.	Explanation of and reason	ons for propose	d change:					
			(use back of form if additiona	l space is needed)				
	s understood by the und wing the need for the prop				wed and consider	red, the burden	of	
APPLICANT'S NAMEPrint				SIGNATURE				
ΑD	DDRESS							
		Street		City	ST	Zip		
ГΕ	LEPHONE		D	ATE			_	
			For Office Use	e Only				
Ore	dinance #:	Receive	d By: Review	wed By:	Date Received: _			