



## REZONING APPLICATION

*I certify that all the information on this application and any documentation attached are correct to the best of my knowledge.*

Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Rezoning

1. Property address: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_
2. Current Use of Property: \_\_\_\_\_ Acreage of Property: \_\_\_\_\_
3. Current Zoning of Property: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_
4. Reason for Rezoning Property: \_\_\_\_\_
  
5. Surrounding Property Zonings
  - a. North: \_\_\_\_\_
  - b. East: \_\_\_\_\_
  - c. South: \_\_\_\_\_
  - d. West: \_\_\_\_\_

*Pursuant to the South Carolina Local Government Comprehensive Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is this tract or parcel restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with or prohibits the (proposed) permitted activity?*

Yes  No

- By signing below, you are stating that you have Read the Town of Lyman Zoning Ordinance requirements for the district you are requesting and have addressed these in the proposed development plans.
- All supporting documents, plans, proof of ownership deeds, and fees need to be submitted with this application in order to be considered a complete application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- For Official Use Only -----

APPROVED

DENIED

Zoning Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_