

*Chester County SC, Zoning Department*

**Zoning Map Amendment (Rezoning) Application**

Meeting Date: \_\_\_\_\_ Case # \_\_\_\_\_ Fee: \$150.00 Receipt # \_\_\_\_\_

Request: Current Zoning \_\_\_\_\_ Proposed Zoning \_\_\_\_\_

**Property Address Information**

Property address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Plat: Please attach to application

Lot Dimensions: Acres: \_\_\_\_\_

Are there any existing structures on site? Yes \_\_\_\_\_ No \_\_\_\_\_. If you checked yes, draw locations of structures on plat or blank paper.

Please give your reason for this rezoning request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT:**

**Applicant (s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

**Owner(s) if other than applicant(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

**I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable County/City ordinances and State laws related to the use and development of the land. I further certify that I am the property owner, or his/her authorized agent, of the subject site(s). I understand that falsifying or insufficient information herein may result in rejection or denial of this request.**

\_\_\_\_\_  
**Applicant Signature** **Date**

**I (we) certify that I (we) are the owners of the property involved in this application and further that I (we) designate the person signing as applicant to represent me (us) in this rezoning application.**

\_\_\_\_\_  
**Property Owner (s)** **Date**

**Designation of Agent (complete only if owner is not applicant):**

**I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for rezoning. A Corporate Resolution letter or a permission letter must be presented at the time of application request.**