



APPLICATION FOR AMENDMENT TO OFFICIAL TRAVELERS REST ZONING MAP AND ANNEXATION

Advertised: _____ Public Hearing: _____
Docket #: _____ Property Posted: _____
Fee Paid: _____ Application Taken By: _____

1. Property Owner
Name: _____ Telephone #: _____
Address: _____
Representative: _____ Telephone #: _____
Representative's Address: _____

2. Other Applicant
Name: _____
Address: _____ Telephone #: _____
Representative: _____ Telephone #: _____
Representative's Address: _____
Property Interest: _____

3. Property Location
Tax Map #: _____ Acreage: _____
Present Zoning Classification: _____
Requested Zoning Classification: _____

4. Property Characteristics
Frontage on Public Road (Feet): _____
Water Available: _____ Sewer Available: _____
Current Use of Property: _____
Proposed Use of Property: _____

5. Has any application involving this property been considered by City Council or Travelers Rest Planning Commission Board before? _____ If so, please include Docket Number _____

6. Reasons for request and any information submitted in support of request: _____

The undersigned represents that he/she is _____ (Owner; authorized Representative) in the foregoing application and that no person other than those identified as the owner and/or applicant other than owner have an interest in the property which is the subject of this application.

Owner/Authorized Agent _____ Date Application Filed _____