



Office Use Only:

Application# _____ Fees Paid _____

Date Received _____ Accepted By _____

APPLICATION FOR ZONING ORDINANCE MAP AMENDMENT

APPLICANT INFORMATION

Name:	
Title:	
Address:	
City/State/Zip:	
Phone:	
Email:	

PROPERTY OWNER INFORMATION (if different)

Name:	
Title:	
Address:	
City/State/Zip:	
Phone:	
Email:	

PROPERTY INFORMATION

Address:	
City/State/Zip:	
Tax Map #:	
Existing Zoning:	
Requested Zoning:	
Proposed Use:	

Has this property been considered by the City for a Map Amendment before?	
If "Yes", please provide documentation with this application	

INSTRUCTIONS

1. The application and fee, **made payable to the City of Travelers Rest**, must be submitted no later than 2:00PM on the date specified as the Planning Commission monthly application deadline.
2. Application fee based on Section 10:1.3 of the City of Travelers Rest Zoning Ordinance.
3. Supporting documentation must be provided as necessary at the time of application. The Planning Director shall determine if supporting documentation is sufficient at time of application.
4. By signing below I certify that the information contained herein is correct.

*Signature	
Print:	
Sign:	
Date:	

Mail or drop off completed application, supporting documents, and payment to:

City of Travelers Rest Planning Department
125 Trailblazer Drive
Travelers Rest, SC 29690