



Office Use Only:	
Application# _____	Fees Paid _____
Date Received _____	Accepted By _____

APPLICATION FOR ZONING ORDINANCE MAP AMENDMENT

20220201

APPLICANT INFORMATION

Name:	Celestine "Sally" P Weigle - TSP Enterprises LLC
Title:	
Address:	P.O. Box 2014
City/State/Zip:	Travelers Rest, SC
Phone:	(864) 246-8902
Email:	Sally.Weigle@ATT.net

PROPERTY OWNER INFORMATION (if different)

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

PROPERTY INFORMATION (property under consideration)

Address:	# 4 Peterson Street
City/State/Zip:	Travelers Rest, SC 29690
Tax Map #:	0497000100200
Existing Zoning:	R-10
Requested Zoning:	C-10 note: C-2 (MF)
Proposed Use:	

Has this property been considered by the City for a Map Amendment before? If "Yes", please provide documentation with this application	
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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	Celestine P. Wrigle "Sally"
Print:	Celestine "Sally" P. Wrigle
Sign:	
Date:	6-1-2022

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

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