

**ZONING MAP AMENDMENT (RE-ZONING) APPLICATION
CITY OF GAFFNEY (864) 487-8500**

- 1) NAME OF APPLICANT _____
- 2) APPLICANT'S PHONE # _____
- 3) APPLICANT'S MAILING ADDRESS _____

- 4) NAME OF PROPERTY OWNER _____
- 5) PROPERTY OWNER'S PHONE# _____
- 6) PROPERTY OWNER'S MAILING ADDRESS _____
- 7) STREET ADDRESS OF SUBJECT PROPERTY _____
- 8) NEARBY REFERENCE POINTS TO PROPERTY _____
- 9) SUBJECT PROPERTY'S TAX ID # _____
- 10) CURRENT ZONING DISTRICT _____
- 11) PROPOSED ZONING _____
- 12) PROPOSED USE _____
- 13) IS THIS TRACT/PARCEL OR DEVELOPMENT RESTRICTED BY ANY RECORDED COVENANT THAT IS CONTRARY TO, CONFLICTS WITH, OR PROHIBITS THE ACTIVITY DESCRIBED IN THIS APPLICATION? YES NO

Please provide the following:

- _____ copy of the deed
- _____ copy of a plat/boundary survey
- _____ any other information in support of your application

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain whatever information is necessary to review this application.

Note: The signee must either sign in the presence of the City's Planning Department staff OR have the signature notarized.

APPLICANT'S SIGNATURE

DATE

The undersigned does hereby verify that they are the property owner thereof and accepts responsibility for accuracy and gives the applicant permission to submit this application to City of Gaffney for review.

PROPERTY OWNER'S SIGNATURE

DATE

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FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED _____ REC'D BY _____

DATE APPLICATION COMPLETED _____ REVIEWED BY _____

DATE OF COMP'D REVIEW _____ STATUS OF REVIEW _____

DATE OF PLANNING COMMISSION MEETING _____ Approved Disapproved

DATE OF CITY COUNCIL MEETING _____ Approved Disapproved

\$100.00 SIMPLE ZONING MAP AMENDMENT

FEE SUBMITTED _____ DATE _____