



# Zoning Map Amendment Application

Incomplete applications will not be accepted.

<b>Staff Use Only</b>
Received: _____
Staff: _____

City of Conway Planning Department  
206 Laurel Street, 29526

Phone: (843) 488-9888  
Conway, South Carolina

FAX: (843) 488-9890  
[www.cityofconway.com](http://www.cityofconway.com)

## Notice

All zoning map amendments shall follow the procedures set forth in Section 13.1.7 of the City of Conway Unified Development Ordinance. Amendments to the Official Zoning Map shall be initiated by members of City Council, the Planning Commission, the Planning Director, or owner(s) of the subject property. In order to partially defray the administrative cost of zoning map amendments, the applicant shall pay a filing fee to the City of Conway in the amount of \$250.00 at the time this application is submitted. A plat of the property to be rezoned shall be submitted with this application.

PHYSICAL ADDRESS OF PROPERTY: \_\_\_\_\_ FEE PAID ( ) YES ( ) NO

AREA OF SUBJECT PROPERTY (ACREAGE): \_\_\_\_\_ T MS #: \_\_\_\_\_

CURRENT ZONING CLASSIFICATION: \_\_\_\_\_ COMPREHENSIVE PLAN 2019 FUTURE LAND USE \_\_\_\_\_

REQUESTED ZONING CLASSIFICATION: \_\_\_\_\_

NAME OF APPLICANT: [PRINT] \_\_\_\_\_ PHONE # \_\_\_\_\_

MAILING ADDRESS OF APPLICANT: \_\_\_\_\_

NAME OF PROPERTY OWNER(S): [IF DIFFERENT FROM APPLICANT]  
\_\_\_\_\_  
PHONE # \_\_\_\_\_

MAILING ADDRESS OF PROPERTY OWNER(S): [IF DIFFERENT FROM APPLICANT]  
\_\_\_\_\_

\*\*\*\*\*

### DESIGNATION OF AGENT [COMPLETE ONLY IF OWNER IS NOT THE APPLICANT]

I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) and act on my (our) behalf in this request for rezoning.

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE(S) DATE

\_\_\_\_\_  
PROPERTY OWNER'S SIGNATURE(S) DATE

I (we) the applicant do hereby certify that all information presented in this Zoning Map Amendment Application is correct.

\_\_\_\_\_  
APPLICANT'S SIGNATURE DATE