



TOWN OF WEST PELZER ZONING & PLANNING APPLICATION

Date: _____ Request Number (to be filled by Staff): _____ - _____

Instructions:

1. Submit the application form with owner's signature, legal description, any other supporting documents, and a map with the property highlighted.
2. Deadline is twenty (20) days prior to the next meeting of the appropriate board.

Type of Request (check one):

____ Rezoning Request ____ Special Exception ____ Variance Request ____ Road Name Request ____ Other

Name of Property Owner: _____

Address: _____

Phone Number: _____ Email: _____

Signature of Property Owner (Owner must sign): _____

Name of Applicant (if owner is not applicant): _____

Address: _____

Phone Number: _____ Email: _____

Signature of Applicant: _____

Property Location: _____

Existing Zoning Classification: _____ Tax Map Number: _____

Describe the nature of the request or attach description:

*******OFFICE USE ONLY*******

Date Received: _____ Received By: _____

Request to be ruled on by:

____ Council ____ Planning Commission ____ Board of Zoning Appeals

Town Staff Recommendation: APPROVED _____ DENIED: _____

Planning Commission Recommendation: APPROVED _____ DENIED: _____

Board of Zoning Appeals Decision: APPROVED _____ DENIED: _____

Council Decision: APPROVED _____ DENIED: _____

Complete all that apply:

Date Advertised: _____ Public Hearing Date: _____ Date Sign Posted: _____