

**TOWN OF SUMMERVILLE
APPLICATION FOR REZONING APPLICATION**

**Planning Department
104 Civic Center
Summerville, SC 29483
843.871.6000**

Per Town of Summerville Zoning Ordinance Chapter 32, Article I
(SC Code of Laws Title 6, Chapter 29)

Date: _____ **TMS#** _____ - _____ - _____

Property Owner: _____ **Phone:** _____

Mailing Address: _____

Site Address: _____

Representative for Property Owner if applicable*: _____

Current Zoning Classification: _____

Requested Zoning Classification: _____

Reason for Rezoning Request: _____

Present Use of Property: Residential () Commercial () Institutional ()
Industrial () Other () _____

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:

1. Copy of recorded plat of property.
2. Non – refundable fee of \$250.00 – check made payable to Town of Summerville.

Property Owner Signature **Date**

Applicant / Representative for Property Owner **Date**
Signature*

***If applicant is not legal property owner, please submit documentation from property owner giving permission for applicant to represent property owner.**