City of Camden

South Carolina

APPLICATION FOR ZONING RECLASSIFICATION

Date: _____ Fee: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Name of Owner (if different from Applicant): _____

Mailing Address: _____

Location of Property: _____

Tax Map #: _____

Present Zoning Classification: _____

Requested Zoning Classification: _____

Reason for Request: _____

_____

Designation of Agent (if owner is not applicant):
I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for rezoning.

_____
Owner(s) Signature(s)

I certify that the information in this request is accurate and complete.

_____
Applicant Signature

Office Use Only

Adjacent Properties: _____

Ad to Newspaper: _____ Public hearing: _____

Date ad ran in newspaper: _____ 1st reading by City Council: _____

Property posted: _____ 2nd reading by City Council: _____

Adjacent property owners notified: _____

Post Office Box 7002 • 1000 Lyttleton Street • Camden, South Carolina 29021 • (803) 432-2421