## City of Cayce South Carolina

## Planning Commission Zoning Map Amendment

Date Filed:	Request No:		
Fee:	Receipt No:	Receipt No:	
Commission, Zoning Adm	endment may be initiated by the inistrator, or City Council. If the eners must sign. If the applicant to of Agent section.	application is on behalf of the	
	EBY REQUESTS that the proper om		
The justification for this cl			
APPLICANT(S) [print]: _			
Address:	[Business]	[Dasidanas	
	gent of owner(s): Other:	[Residence	
interest. Owner(s) rig	ent of owner(s) other		
OWNER(S) [if other than Address:	Applicant(s)]:		
Telephone:	[Business]	[Residence]	
PROPERTY ADDRESS:			
Lot Block	Subdivision		
Tax Map No	Plat Book	Page	
Lot Dimensions:	Area: [sq. ft. or acreage]		
Deed restrictions/limitatio	ns on property:		
	ENT [complete only if owner is no person named as Applicant as my		
Date:			

Owner signature(s)			
I (we) certify that to the best of my (our) knowledge that the information contained herein is accurate and correct.			
Date:			
Applicant signature(s)			
Official Use Only: Property posted: By;			
Published in Newspaper on:			
PLANNING COMMISSION:			
RECOMMENDATION:			
CITY COUNCIL [1 <sup>st</sup> Reading]			
ACTION:			
CITY COUNCIL [Final Reading]			
ACTION:			
Notice to applicant sent on advising of Councils action. If approving statement to the effect that our zoning maps and records now reflect the new zoning the property. If disapproved, the reasons for disapproval, a statement that any other request for rezoning on the same piece of property will not be accepted for a period one (1) year from Councils action.	of		