



Town of
Kingstree

Kingstree Planning & Building
Department
401 N. Longstreet Street
Kingstree, SC 29555
Phone: 843-355-7484

Form

R_{PC}

**Rezoning
Application**
(August 2012)

Instructions to Applicant: This application is used to request the rezoning of property. The rezoning of property requires a recommendation from the Kingstree Planning Commission and final action by the Kingstree Town Council. Before a rezoning can be approved, the Planning Commission or Town Council must hold a public hearing. Applicants should anticipate a review period of not less than ninety (90) days. The Zoning Administrator will notify you once a hearing and meeting dates for your request have been set.

Type or print all answers on this application and attach six (6) copies of a plat or similar dimensional drawing which shows the extent of property requested for rezoning. Any additional information or supplemental exhibits you believe the commission or council should consider as part of your request may be attached to the application form. A nonrefundable fee of \$100.00, payable to the Town of Kingstree, must be submitted along with the completed application.

Block A: General Information

A1	Property owner(s):	Last Name	First Name	Middle Initial
A2	Address and tax map number of affected property:	Property Street Address(es)		Tax Map Number(s)
A3	Petition to rezoning property:	I/we _____		
		am/are the owner(s) of property located at _____, Kingstree, South Carolina and		
		designated Tax Map Number _____ in the		
		Office of the Williamsburg County Tax Assessor's Office. I/we request that the Kingstree Town Council, through ordinance, change the zoning designation (rezone) applicable to my/our property, as described in this application, from _____ zoning district to _____ zoning district.		
		Property Owner Signature _____	Date _____	
		Property Owner Signature _____	Date _____	
		Property Owner Signature _____	Date _____	

Block A: General Information (continued)

A4	Primary contact or agent:	Last Name	First Name	Middle Initial
A5	Primary contact or agent information:	Mailing address		
		Telephone number		
		Fax number		
		Email address		

Block B: Property Information

B1	Property size (entire tract):	
B2	Area to be affected by this rezoning:	
B3	Current and proposed use of the property:	
B4	Is/are there any recorded covenant(s) that is/are contrary to, conflicts with, or prohibits the proposed development?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: See Section 6-29-1145 of the South Carolina Code of Laws.

Block C: Justification/Review Criteria

In recommending a rezoning application to the Town Council, the Planning Commission must consider several factors. Listed below are the minimum review criteria used by the commission in making its recommendation. Your responses to the following will be considered by the commission in determining whether or not to recommend this request (please attach additional sheets if needed):

C1	Review Criteria 1: <i>“Whether or not the requested zoning change is consistent with the Comprehensive Plan or is justified by an error in the original ordinance.”</i> Please describe:



Block C: Justification/Review Criteria (continued)

C2 **Required Finding 2:** *“The precedents, and the possible effects of such precedents, which might result from approval or denial of the application.”* Please describe:

C3 **Required Finding 3:** *“Whether the uses permitted by the proposed change would be appropriate in the area concerned.”* Please describe:

Note: Once rezoned, property may be developed for all allowable uses within the new zone, not just the use currently contemplated.

C4 **Required Finding 4:** *“The capacity of the town or other government agencies to provide additional services, facilities, or infrastructure that might be required if the application was approved.”* Please describe:

C5 Are there any additional factors or justifications that you believe the Planning Commission should consider in the review of your request? If yes, please describe:



Block D: Certification of Names and Addresses of Adjoining Property Owners

The applicant is required to furnish a listing of all adjoining property owners to the subject property. Adjoining property includes properties which share a common boundary or touch your property and properties immediately across the street. A listing of adjoining property owners can be obtained from the Williamsburg Tax Assessor's Office.

Adjoining Property Owner (Print Name)	Tax Map Number	Mailing Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		



Block E: Certification of Property Owner and Authorized Agent

I hereby certify that I am the owner of the property subject to this application or have received the owner's written authorization to act as his/her agent regarding this matter. I certify that the information I have provided herein is true and correct to the best of my knowledge. I agree to comply with all applicable town ordinances and state laws related to my request. I understand that the review of this request may require entry onto my property. I give my consent to the zoning administrator or designated representative(s) of the town to enter land(s) and improvement(s) covered by this application to verify the accuracy of the information provided herein and to certify my compliance or noncompliance with applicable codes. I understand and agree that falsifying any information herein may result in the nullification of this request and/or other appropriate legal remedies.

Owner's Name (Print)	Owner's Signature	Date
1.		
2.		
3.		
4.		

Authorized Agent (Print Name)	Agent's Signature	Date
1.		
2.		

Note: The property owner(s), and when applicable, the authorized agent(s) must sign the application form. Agents must attach a signed statement from the property owner(s) authorizing them to make representations and take other actions related to this application.



FOR INTERNAL USE ONLY

DATE COMPLETE APPLICATION SUBMITTED:		Zoning Administrator Notes
APPLICATION/ CASE NUMBER:		
Submission Checklist	Initial & Date	
Complete Application		
Plat or Dimensional Drawing		
\$100.00 Fee		
Processing	Initial & Date	
Meeting Scheduled		
Notice of Meeting Sent to Applicant/Parties of Interest		
Adjoining Property Owner Letters Mailed		
Property Posted		
Letters to Departments		
Staff Report & Meeting Packet Mailed		
Meeting Room/Bulletin Board Notice		
Approval & Certifications	Initial & Date	
The Rezoning RECOMMENDED or NOT RECOMMENDED(circle applicable)		
Recommendation Signed by Chairman & Forward to Town Council		
APPROVED by Ordinance or DENIED by Resolution (circle applicable)		
Zoning Map Updated		