

City of Forest Acres 5209 Trenholm Road Forest Acres, SC 29206 Phone: 803-782-9475

Fax: 803-782-3183 www.forestacres.net

REZONING APPLICATION

(See application fee amount on checklist)

A pre-application conference with appropriate City staff is required prior to the submission of a rezoning application. Please contact the Permit Application Center at the number above to schedule this meeting.

Please complete the following	g information:
Applicant Name:	
	_ Fax: Email:
Property Address:	
	;;;;;;
	(<u></u>
Current Zoning District:	Requested Zoning District:
Area of subject property:	acres and/or: square feet
Brief Description of Request:	
Door the Applicant calcly ave	
	n all of the property within the rezoning proposal?
	of ownership (copy of deed). tion on property NOT solely owned by the applicant and provide letter of consent from
owner(s).	
Are there any recorded deed	restrictions or restrictive covenants that apply to this property that are contrary to,
-	permitted activity being requested?
☐ Yes.	
□ No. [Attested by Owne	r:]
	annexation into the City of Forest Acres?
	ete Annexation Request Form and submit along with this application.
□ No, Already in City.	
	rs: The undersigned hereby respectfully requests that the Official Zoning Map of the City
	s described herein. It is also understood by the undersigned that, while this application will sidered, the burden of proving the need for the proposed amendment rests with the
•	wner/applicant, attached a page with additional signature information].
C' .	
Signea:	Date
Printed Name:	
☐ Additional Owners	
☐ Other Attachments:	

FOR OFFICE USE ONLY: Case #:	Date Filed:	Rec'd by:	
[] Pre-App? [] Request Complete? [] Additional Information Requested/Date:			
Comment:			
. —————————————————————————————————————			
[] Request Returned? Date: [] Action: by:			
Date Advertised: Date Poste	ed:[] W	[] Written Notice? Date:	
PC Date: CC Date:	Final Date:	[] Legal ad filed?	
Action:			
[] Written Response By:	Date:		