



THE TOWN OF
Irmo
GATEWAY TO LAKE MURRAY

ZONING APPLICATION

Permit #: _____
Zoning District: _____
Date Filed: _____
Fee: \$100.00 _____

Please print clearly or type responses. Complete and submit the application and attachments. If the applicant is not the owner(s), the owner(s) must complete and sign the *Designation of Agent*. **Staff cannot place this application on the agenda if it is incomplete and/or without the appropriate supporting documentation.** Please use additional paper. Submit a digital and hardcopy site plan, and any additional materials (i.e. photographs, elevation drawing with dimensions, or renderings). Site plans must be no longer than 24" x 36". **The site plan must be designed by a registered land surveyor, landscape architect, or engineer.**

Applicant Name: _____ Address: _____

Phone: _____ Email: _____

Designation of Agent: I/we hereby authorize the person named as Applicant to act on my/our behalf to submit and amend documents, meet with staff, and attend public meetings/hearings. Complete all designated areas.

Owner's Name (*print*)

Owner's Signature

Date

Phone: _____

Email: _____

SOUTH CAROLINA NOTARY ACKNOWLEDGMENT

State of South Carolina

County of _____

The foregoing instrument was acknowledged before me this _____ (date)

by _____ (name of person acknowledged).

Signature of Person Taking Acknowledgement

Title or Rank

Serial Number (if any)

PROPERTY INFORMATION

Check one: Assign Zoning Designation Zoning Text Amendment Request Re-zoning Request Update Zoning Map

Current Zoning District: _____

List pertinent ordinance section: _____

Tax Map Number: _____ Property Address: _____

Current property use: Residential Commercial Industrial Vacant Area (sq ft)/acre of propose project: _____

1. If a Zoning Text Amendment Request, what use and/or language needs to be added or removed from the ordinance?

If a Re-zoning Request, what is the recommended zone for the property (Check one)?

RS RG CO CN CG LM FA MD

If a Zoning Designation, what is recommended zone for the property (Check one)?

RS RG CO CN CG LM FA MD

Describe in detail the reason for your request: _____

2. How does the proposed change/zoning designation complement or is compatible with the surrounding area?

3. Indicate (check the applicable) supportive documentation. plat (*required for rezoning/zoning designation*)
 Scaled site plan (*for new improvements*)
 Applicable permits/approvals Photographs Elevation drawings with dimensions Renderings
 Others (*please list*) _____.

I attest to the best of my knowledge the information and attachment(s) provided are accurate. The proposed activity does not contradict any restrictions and covenants. I authorize the subject property, if applicable, to be posted with a notice for the Planning Commission's public hearing.

Applicant Signature

Date

THIS SECTION IS FOR USE BY PLANNING COMMISSION ONLY

Date Received by the Staff: _____

Date Advertised: _____

Date property was posted: _____

Date of Public Hearing: _____

THE PLANNING COMMISSION: Recommends Does Not Recommend Recommends with Modification/Comments the ordinance for adoption by Council.

Recommends with modification/comments as follows: _____

Approved by the Commission by majority vote.

Chairman

Date

COUNCIL ACTION: First Reading Second Reading: (Approved Denied)

Council Comments: _____
