

FEE \$100
(non-refundable)

PROPOSED ZONING AMENDMENT
TOWN OF IRMO, SOUTH CAROLINA



DO NOT WRITE IN THIS BOX

Application Number: _____ Complete Incomplete-Return Fee Paid

TO THE HONORABLE MAYOR AND TOWN COUNCIL:

The undersigned hereby respectfully request that the Town of Irmo Zoning Ordinance be amended as described below:

1. This is a request for a change in the: **Check One**
 - a. Zoning Map (fill in items No. 2,3,4,5, and 8 only)
 - b. Zoning Text (fill in items No. 6 and 8 only)
 - c. Zoning Schedule of District Regulations (fill in items No. 7 and 8 only)
2. Give exact address or TMS# for property for which you propose a zoning change:

3. How is this property presently zoned? **Check One**
 - a. RS b. RG c. CO d. CN e. CG f. PDD g. LM h. FA
4. What new zoning do you propose for this property? **Check One**
 - a. RS b. RG c. CO d. CN e. CG f. PDD g. LM h. FA
5. Does the applicant own any of the property proposed for this zoning change?
 - a. Yes
 - b. No Give address of owned property _____
6. If this involves a change in the Zoning Text, what section or sections will be affected?
Section _____
▶ **SHOW PROPOSED CHANGE AND THE REASON THEREFORE UNDER ITEM NO. 8**
7. If this involves a change in the Schedule of District Regulation, what?
Column(s) _____ District(s) _____
▶ **SHOW PROPOSED CHANGE AND THE REASON THEREFORE UNDER ITEM NO. 8**
8. Explanation: _____

It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.

Date: _____ Sign: _____

Phone: _____ Print: _____

Planning Commission Review: _____ Address: _____

TC 1st Reading _____ Public Hearing: _____

TC 2nd Reading _____ Advertised Date: _____

TC 3rd Reading _____ Date Posted: _____