

Kershaw County Planning and Zoning Department

515 Walnut Street, Room 160, Camden, SC 29020 803-425-7233



PETITION TO PLANNING AND ZONING COMMISSION APPLICATION FOR A ZONING MAP AMENDMENT (REZONING)

INSTRUCTIONS

The Kershaw County Official Zoning Map was created after an investigation of all properties and their land use(s) within every section of the County, and included the following analysis: (1) the relationship of all properties to the needs of the community in which it is situated; and (2) the future development of the County as a whole. Allowances were also made for normal growth and expansion. A change in zoning constitutes an amendment to the Official Zoning Map, and as such, each requires a petition to amend the Code of Zoning and Land Development Regulations (ZLDR) within which the Official Zoning Map is incorporated.

A zoning map amendment application is first initiated by the property owner and/or his agent, the Kershaw County Planning and Zoning Commission, or the Kershaw County Council. The Kershaw County Planning and Zoning Commission must then hold a public hearing. The applicant and/or agent may appear at the hearing to present the case. After the Planning Commission has made its recommendations, the rezoning request goes to County Council for three readings. From start to finish, the process takes approximately eight weeks.

The Planning Commission considers rezoning petitions at its regular meetings on the second Thursday of each month. County Council considers rezoning petitions at their regular meetings on the second and fourth Tuesdays of each month. All meetings are held in Council Chambers, Kershaw County Government Center, 515 Walnut Street, Camden, SC at 5:30 p.m. The applicant and/or owner(s) will be notified of the specific dates that the request will be heard. All rezoning petitions must be filed at least forty-five (45) days prior to the Planning Commission meeting in which it is to be considered.

This application for rezoning must be typed or neatly printed, completed in full, and returned to the Planning and Zoning Department at the Kershaw County Government Center, Room 160, 515 Walnut Street, Camden, SC 29020. It must be accompanied by:

- One copy of the property's recorded deed obtained from the Kershaw County Register of Deeds, Kershaw County Government Center, Room 180, 515 Walnut Street, Camden, SC 29020.
- One copy of the recorded plat obtained from the Kershaw County Register of Deeds.
- A non-refundable filing fee of \$300 which is required to process this application and cover advertising costs incurred for the public hearing. Checks are to be made payable to Kershaw County.
- Additional information, if requested by the Kershaw County Planning and Zoning Department.

If the property to be rezoned is owned by more than one person, each owner must be listed. If the applicant is not the property owner, the property owner must complete and notarize the Designation of Agent Form. If the property is owned by more than one person, each owner must complete and notarize a separate Designation of Agent Form. Additional forms are provided on the last page of this application.

All data and exhibits found herein or appended to this application shall be deemed to be public record.

PETITION TO PLANNING AND ZONING COMMISSION REZONING (ZONING MAP AMENDMENT) APPLICATION

| | | |
|-------|------------|--|
| Date: | Request #: | The applicant requests that the property described below be re-zoned from _____ to _____ |
|-------|------------|--|

APPLICANT

| | | | |
|--|---------|--------|------|
| NAME: | E-MAIL: | | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| TELEPHONE: | CELL: | | |
| THE APPLICANT IS: PROPERTY OWNER [] AGENT OF PROPERTY OWNER [] OPTION HOLDER [] | | | |
| If applicant is other than owner, state applicant's interest in the land proposed to be rezoned: | | | |

PROPERTY LOCATION

| | | | |
|---|-------------------|------------------------|-------------------|
| Street address: | | Street address: | |
| TMS#: | Number of acres: | TMS#: | Number of acres: |
| Deed book: | Plat book: | Deed book: | Plat book: |
| Sewer district: | Water district: | Sewer district: | Water district: |
| Current use: | | Current use: | |
| Proposed use: | | Proposed use: | |
| Community/subdivision: | Council district: | Community/subdivision: | Council district: |
| Has previous application been made to rezone all or any part of this/these property/properties? Yes [] No []. If yes, when? | | | |
| Reason for request: | | | |
| As per the SC Local Government Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is/are this/these tract(s) or parcel(s) restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with, or prohibits the proposed land use? Yes [] No []. If so, submit a copy with this application. | | | |
| Applicant's Signature: | | Date: | |

PROPERTY OWNER - If other than applicant. If property is owned by more than one person, all owners must be listed. Each owner must complete the designation of Agent Form provided on the following page of this application.

| | | | |
|------------------|------------|--------|------|
| NAME: | TELEPHONE: | | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| E-MAIL: | | | |

DESIGNATION OF AGENT – To be completed by the property owner if the owner is not the applicant. If the property is owned by more than one person, each owner must complete a separate Designation of Agent Form. The signature of the owner must be notarized. An additional form is provided at the end of this application and may be duplicated in order to list all owners.

| | |
|---|-------------|
| I, _____ (PROPERTY OWNER) hereby appoint _____ (APPLICANT) | |
| as my agent to represent me in this request for rezoning. | |
| Owner's signature: _____ | Date: _____ |
| Given under my hand and seal, this _____ day of _____, 20____ | |
| _____ (Seal) | |
| Notary Public for South Carolina | |
| My commission expires on _____ day of _____, 20____ | |

ADDITIONAL PROPERTY OWNER AND DESIGNATION OF AGENT FORMS

(These forms may be duplicated, if needed, for additional property owners.)

PROPERTY OWNER FORM - To be completed by each property owner if owner is not the applicant.

| | | | |
|------------------|------------|--------|------|
| NAME: | TELEPHONE: | | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| E-MAIL: | | | |

DESIGNATION OF AGENT FORM – To be completed by each property owner if owner is not the applicant.

I, _____ (PROPERTY OWNER) hereby appoint _____ (APPLICANT)
as my agent to represent me in this request for rezoning.

Owner's signature: _____ Date: _____

Given under my hand and seal, this _____ day of _____, 20____

(Seal)

Notary Public for South Carolina

My commission expires on _____ day of _____, 20____