

City of Waltherboro
Municipal Planning Commission
Re-Zoning Request

(Use not permitted under Ordinance-Amendment)

Application Deadline: _____

Number _____

Planning Comm. Mtg: _____

Date Filed _____

Meeting Time: 6:00pm _____

Date \$100 Fee Paid _____

Applicant or Agent _____

Address _____ **Phone** _____

Owner of Property _____

Owner's Address _____

Legal Description of Property: _____

Lot Size	Present Zoning	Requested Zoning
_____	_____	_____

Present Improvements upon Land _____

Proposed Use _____

Reason for Request

ATTACH THE FOLLOWING:

1. *Adjoining owners; all names and addresses of all abutting and opposite property owners within 300 feet.*
2. *Map showing the property and its location.*

DATE _____ **SIGNED** _____

Applicant/Agent