

CITY OF WALHALLA

Community Development

 $206 \text{ N Church St.} \bullet \text{P.O. Box } 1099 \bullet \text{Walhalla, SC } 29691 \bullet (864) \\ 638-4343 \bullet \text{Fax } (864) \\ 638-4357 \bullet \text{www.CityofWalhalla.com}$

Application for Rezoning

Date of Submission	Application Number
	Applicant's Information

Applicant Name:	
Mailing Address:	
Telephone:	
Email:	
	Owner's Information
	(If Different from Applicant)
Owner Name:	
Mailing Address:	
Telephone:	
Email:	
Designation of Agen	t: (Complete only if owner is not the applicant)
I hereby appoint the person named the	Applicant as my agent to represent me in the request for rezoning:
Owner's Signature	Date
	Project Information
Property Location:	
Parcel Number(s):	
Current Zoning:	Requested Zoning:
Current Land Use:	Total Acreage:
Purpose of Rezoning:	

	Covena	nts/Deed Restrictions		
Are there any Private C	ovenants or Deed Restr	ictions on the Property?	Yes No	
If you indicated no, you	ir signature is required.			
Applicant's Sign	nature		 Date	
pursuant to State Law	(Section 6-29-1145), do onee County Register of	etermining existence of r	d restrictions with this application, estrictive covenants. Copies may be t's responsibility for checking any the property.	
-	d use; Plans for protecti		rty including, but not limited to: Gener , if applicable; Any additional	
As the applicant, I here	by confirm that all requ	roperty must be submitted information and mate lihalla Community Develo	terials for this application are	
Applicant's Signature			Date	
r Office Use Only:	□ Approved	□ Conditional	□ Denied	
te Submitted:		Planning Commission Public Hearing:		
y Council 1 st Reading:		City Council 2 nd Reading/Public Hearing:		