APPLICATION for CHANGES TO A REVIEW DISTRICT, STATEMENT OF INTENT AND/OR CONCEPT PLAN



A \$50.00 fee is required with each request

This application will need to be submitted as an attachment when submitting through eTRAKIT.

Property Owner / Authorized Representative

Property Owner's Name (Last, First, Middle)		Phone	
Address (Street, City, State, Zipcode)	Email		
Authorized Representative's Name (Last, First, Middle)	Phone	Company	
Address (Street, City, State, Zipcode)	Email		
Signature by Owner		Date	
Note: Authorization letters must be included from all stakeholders.			
Applicable Tax Map Numbers	Project Name		
Тах Мар No	Current Zoning		
Tax Map No	Current Zoning		
Тах Мар No	Current Zoning		

Property Information

Property Location	Previous Docket #
County Council District	Total Acreage

What aspect(s) of the Review District do you seek to change? Be specific about changes that result in additional users and/or traffic to the site or increases in building size.

One electronic copy is required at the time of submittal. Incomplete applications will not be accepted. Any documents that are changing must be included at the time of submission.

Are there recorded private covenants and/or restrictions that are contrary to, conflict with, or prohibit the proposed request?

Yes	No	Unsure	If Yes, a copy of the private covenants and restrictions must be submitted with this application.	
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For Staff Use				
Project Number	Date Submitted	Fee Paid	Taken By	Permit Version: 250117NH

Requested Change Determination

Major/Minor Determination	Zoning Admin or Designee Signature:	* If a MAJOR change, then refer to Application for Amendment to Official
With MINOR change, approve request?	Zoning Admin or Designee Signature:	Greenville County Zoning Map.

For more information on the status of your review, call (864) 467-7425; visit County Square, Suite S-3200; or visit www.greenvillecounty.org/Zoning/Rezoning.aspx