



CITY OF
LAURENS

Planning and Development

REZONING APPLICATION

Date: _____

Tax Map Number(s) _____

Property Address(s) _____

Acreage of Properties _____

<u>Applicant Information</u>
Name _____
Address _____ _____
Phone Number _____
Email _____

<u>Property Owner Information</u> <small>(If multiple owners, see back of sheet)</small>
Name _____
Address _____ _____
Phone Number _____
Email _____

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described?

Yes ____ No ____

The applicant hereby requests that the property described be rezoned:

from _____ to _____.

Existing Use: _____

Proposed Use: _____

Signature(s) _____

Name: _____

Address _____



Planning and Development

Contact Number _____

Email _____

Signature _____

Name: _____

Address _____

Contact Number _____

Email _____

Signature _____

Name: _____

Address _____

Contact Number _____

Email _____

Signature _____

Name: _____

Address _____

Contact Number _____

Email _____

Signature _____