

TOWN OF FORT MILL
APPLICATION FOR ZONING MAP AMENDMENT

APPLICANT(S):

NAME	ADDRESS	PHONE NUMBER

Area of Subject Property: _____ acres and/or _____ square feet

What is the CURRENT zoning for the parcel(s)? _____

What is the proposed zoning for the parcel(s)? _____

Does the applicant own all of the property within the zoning proposal? _____

State the proposed change and reason(s) for request: (Attach additional sheets if needed)

As Owner(s) of the property described below, I/we request that our property be rezoned as indicated.

TAX MAP NUMBER	PROPERTY ADDRESS	OWNER	OWNER'S SIGNATURE

Please return application and fee to: Town of Fort Mill, PO Box 159, Fort Mill, SC 29716