

REZONING APPLICATION FOR PUDS

Community & Economic Development Department 1911 Boundary Street, Beaufort, South Carolina, 29902 p. (843) 525-7011 / f. (843) 986-5606 Email: development@cityofbeaufort.org/www.cityofbeaufort.org

Application I	Fee: \$400
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Receipt #_____

OFFICE USE ONLY:	Date Filed:	Application #:	Zoning District:
-	ements: You must subration materials are requir	1	rt meeting the requirements of Section 2.84.
			tract or parcel restricted by any recorded bed in this application? Yes No
Applicant, Owner	and Property Inform	nation_	
Property Address:			
Property Identification	on Number <i>(Tax Map &</i>	Parcel Number):	
Applicant Name:			
Applicant Address:			
Applicant E-mail:		Applicar	nt Phone Number:
Property Owner (if o	ther than the Applicant	t):	
Property Owner Add	lress:		
• -		nade for a map amendment	affecting these same premises? () YES () NO
, -			
Requested zone clas	sification:		
	:y:		
Existing land use: Desired land use:			
Reasons for requesti	ng rezoning:		
Applicant's Signatur			Date:
NOTE: IT the applical	nt is not the property o	wner, the property owner must	sign below.
Property Owner's Sig	gnature:		Date: