

City of Easley Planning & Development Department

Post Office Box 466, 205 North 1st Street, Easley, SC 29641 • Office (864) 855-7908 Fax (864)855-7951

REZONING APPLICATION INSTRUCTIONS:

The deadline for rezoning application and information is approximately twenty (20) days prior to the Planning Commission meeting which is held on the third (3rd) Monday of each month. It takes ninety (90) days to rezone a piece of property in the City of Easley. It goes through a process of three readings: the Planning Commission has one reading and then the next two readings are heard by City Council, who meets on the second (2nd) Monday of each month.

We advertise in the local newspaper fifteen (15) days prior to the Planning Commission meeting and signs are posted on the property.

The following information must be returned to the Planning & Development department before the request can be scheduled to be heard by the Planning Commission.

- _____ a completed Rezoning application with \$100 application fee
- _____ nine (9) copies of a current plat of the property.
- _____ a legal description of the property.

REZONING APPLICATION

Date Filed: _____

Request No. _____

Instructions: A zoning map amendment may be initiated by the property owner(s), Planning Commission, Zoning Administrator or City Council. If the application is on behalf of the property owner(s), all owners must sign this application. If the applicant is not the owner, the owner(s) must sign the Designation of Agent section. The filing fee for this application is \$100.00.

THE APPLICANT HEREBY REQUESTS that the property described below be rezoned
From _____ to _____.

Name of Applicant(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Owner(s) (if different from applicant(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Property Address: _____

Lot # _____ Block # _____ Subdivision: _____

Tax Map #: _____ Plat Book _____ Page _____

Lot Dimensions: _____ Acres _____

Designation of Agent (complete only if owner is not applicant): I/We hereby appoint the person named as Applicant(s) as my/our agent to represent me/us in this request for rezoning.

Date: _____ Owner(s) Signature(s): _____

Owner(s) Signature(s): _____

I/We certify that the information in this request is correct.

Date: _____ Owner(s) Signature(s): _____

Owner(s) Signature(s): _____

P&Z Meeting Date: _____

1st Council Date: _____

2nd Council Date: _____

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