

Application for Rezoning \$50 Fee

Annlicant	
Applicant	
Name	
Mailing Address	
Telephone Number	Email Address
Property Owner (if other than Applicant)	
Name	
Mailing Address	
Talankana Niverkan	Farail Address
Telephone Number	Email Address
Property Information	
Address	
Tax Map Number	Existing Zoning
Comment Has of Durantus	
Current Use of Property	
	
Acres: Lot Dimension	ns
Property Characteristics	
_	
Property Size acres	
Proposed Zoning: Pro	onosed Use of Property

Reasons for request/supporting information a evaluation ———————————————————————————————————	and justification to be listed in the staff's report and	
CHECKLIST		
\$Feeseven (7) copies of the current plat of the property a legal description of the property I certify that all of the information presented by me in this application is accurate to the best of my knowledge and belief.		
Signature	Date	
For Office Use Only Completed Application Received_ PC Approved PC Disapproved Fee \$ City Council 1st Reading City Council 2nd Reading Approval Signature:	Application Number Date of PC Meeting Date of Public Hearing	

City of Liberty | PO Box 716, 206 W Front St, Liberty, SC 29657 | (864) 843-3177 | **libertysc.com**