



**HAMPTON COUNTY  
PLANNING COMMISSION**  
201 Jackson Ave, West  
Hampton, South Carolina 29924  
Telephone: (803) 914-2127 \* Fax: (803) 914-2130

**APPLICATION TO REZONE PROPERTY**

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Date Filed: \_\_\_\_\_ Application #: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

**Instructions**

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent section.

NOTE: All applications must have a recorded plat of the property attached prior to review.

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**THE APPLICANT HEREBY REQUESTS** a change of classification from \_\_\_\_\_ to \_\_\_\_\_ on the property described below.

Property Address: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_ Size of Parcel: \_\_\_\_\_

Circle Applicable Utility: Private Septic Central Sewer Other: \_\_\_\_\_

Circle Water Supply: Private Well Water By Whom? \_\_\_\_\_

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**APPLICANT(S)** Name (print) : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**OWNER(S)** (If other than applicant): \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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**DESIGNATION OF AGENT:** I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this application.

\_\_\_\_\_  
(Owner's Signature) (Date) (Owner's Signature) (Date)

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I (we) certify that the information in this application is correct:

\_\_\_\_\_  
(Applicant's Signature) (Date) (Applicant's Signature) (Date)

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**APPLICATION RECEIVED IN BUILDING DEPT:** By Whom: \_\_\_\_\_  
Date: \_\_\_\_\_