



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

APPLICATION TO REZONE PROPERTY

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.

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? _____

APPLICANT(S) Name (print): _____

Address: _____

Phone: _____ Alternate Phone: _____

OWNER(S) (If other than applicant): _____

Address: _____

Phone: _____ Alternate Phone: _____

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)

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

(Applicant's Signature)

(Date)

(Applicant's Signature)

(Date)

APPLICATION RECEIVED IN BUILDING DEPT:

By Whom: _____

Date: _____