APPLICATION for CHANGES TO A REVIEW DISTRICT

GREENVILLE COUNTY
Greenville County Square
301 University Ridge, Suite 4100
Greenville, SC 29601-3686
Phone: (864) 467-7060 Fax: (864) 467-7407
Zoning@greenvillecounty.org

Greenville County

Property Owner (please print or type)

Property Owner's Name (Last, First, Middle)	Phone	Fax
Address	Email	

Authorized Representative or Legal Representative

Authorized or Legal Representative's Name (Last, First, Middle)	Phone	Fax	Relationship to owner
Address	Email		
Signature by Owner	Date	*Authorization letters must be included from all stakeholders.	

Applicable Tax Map Numbers

Project Name: _____

Tax Map No	Current Zoning ☐ PD ☐ POD ☐ FRD ☐ NC ☐ I-2
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What aspect(s) of the Review District do you seek a change? (Include pertinent parts of the active Statement of Intent and Concept Plan.) _____

Are there recorded private covenant and/or restrictions that are contrary to, conflict with, or prohibit the proposed request?
☐ Yes ☐ No ☐ Unsure *If Yes, a copy of the private covenants and restrictions must be submitted with this application.*

Property Information

Property location	County Council District	Request Acreage	Frontage on Public Road (feet)

For Staff Use

Project Number	Date Submitted	Fee Paid	Taken By	Permit Version 3.1.2016

Requested Change Determination

Major/Minor Determination ☐ MAJOR* ☐ MINOR	Zoning Admin Signature: _____	*If a MAJOR change, then refer to Application for Amendment to Offical Greenville County Zoning Map.
With MINOR change, approve request? ☐ Yes ☐ No	Development Services Manager Signature: _____	