

**City of North Charleston  
Rezoning Application**

**Planning and Zoning Department  
2500 City Hall Lane  
P.O. Box 190016  
North Charleston, SC 29419-9016  
Phone (843) 740-2571**

**Property Information**

Present Zoning District \_\_\_\_\_ Proposed Zoning District \_\_\_\_\_

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

Current Land Use: \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Acres: \_\_\_\_\_ Owner: \_\_\_\_\_

**Applicant/Owner/Representative**

**Applicant** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Phone # (Day) \_\_\_\_\_ Phone # (Night) \_\_\_\_\_

**Owner(s)** (If different from applicant) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Phone # (Day) \_\_\_\_\_ Phone # (Night) \_\_\_\_\_

**Representative** (If different from applicant) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Phone # (Day) \_\_\_\_\_ Phone # (Night) \_\_\_\_\_

*I (we) certify that \_\_\_\_\_ is my (our) authorized representative for my (our) zoning change request.*

\_\_\_\_\_  
**Signature of Owner(s)\*      Date**  
\_\_\_\_\_  
**(Print Name)**

\_\_\_\_\_  
**Signature of Applicant and/or**      **Date**  
**Representative if different from the owner**

**\*Application must be physically signed by owner(s):** a digital signature will not suffice.

**\*\*\$75.00 Non-refundable Application Fee**

**\*\*Rezoning Signs are posted by City Staff**

The owner or representative should attend the **Planning Commission Meeting** and **Public Hearing** since additional information may be requested by the Planning Commission or City Council.