

CITY OF MANNING



Zoning Map Amendment (Rezoning) Application

Date Filed: _____ Request No. _____

Instructions

A zoning map amendment may be initiated by the property owner(s), Planning Commission, Zoning Administrator, or City of Manning City Council.

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

THE APPLICANT HEREBY REQUEST that the property described below be rezoned from _____ to _____

APPLICANT(S) (print): _____

Address: _____

Telephone: _____ work _____ home _____

Interest: _____ Owner(s): _____ Agent of owner(s): _____ Other _____

OWNER(S) (if other than Applicant(s): _____

Address: _____

Telephone: _____ work _____ home _____

(Use reverse side if more space is needed)

PROPERTY ADDRESS: _____

Lot _____ Block _____ Subdivision _____

Tax Map No. _____ Plat Book _____ Page _____

Lot Dimensions _____ Area _____

Zoning District _____ Zoning Map Page _____

DESIGNATION OF AGENT (Complete only if owner is not applicant):

I (we) certify the information in this request is correct.

Date: _____

Applicant signature(s)

INSTRUCTIONS FOR COMPLETING
Zoning Map Amendment (Rezoning) Application

DATE FILED AND REQUEST NO. WILL BE COMPLETED BY CITY HALL.

APPLICANT(S) SHOULD COMPLETE ALL INFORMATION PERTAINING TO REQUEST.

APPLICANT(S) SHOULD DATE AND SIGN FORM.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**