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CITY OF SPARTANBURG SOUTH CAROLINA

CITY OF SPARTANBURG PLANNING DEPARTMENT
MASTER APPLICATION FORM

Post Office Box 1749 • Spartanburg, SC 29304 • 864-596-2068 • Fax 864-596-2360

Name of Development _____

Street Address_____

Zoning District_____ Overlay District_____ Tax Map Number_____

Landowner	Applicant (Bus License#_____)	Agent (Bus License#_____)
Name	**Name**	**Name**
Company	**Company**	**Company**
Mailing Address	**Mailing Address**	**Mailing Address**
City State Zip	**City State Zip**	**City State Zip**
Telephone Fax	**Telephone Fax**	**Telephone Fax**
Email	**Email**	**Email**

- ☐ APPEAL
- ☐ SPECIAL EXCEPTION *
- ☐ VARIANCE*
- ☐ SIGN PERMIT
- ☐ DEVELOPMENT PLAN REVIEW*
- ☐ PLANNED DEVELOPMENT DISTRICT*
- ☐ SUBDIVISION*
- ☐ ZONING MAP AMENDMENT*

A Check-In Conference is required for these items. Attach the necessary supplemental

To the best of my knowledge, the information on this application and all additional documentation is true, factual and complete. I hereby agree to abide by all conditions of any approvals granted by the City of Spartanburg. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale.

_____ _____

Signature Date

FOR OFFICIAL USE ONLY

Date Received:_____ Time:_____

Accepted by:_____ Master Tracking Number:_____

Revised 5/08