



City of Spartanburg Planning Department

Zoning Map Amendment Supplemental

Application Form

Post Office Box 1749

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F: (864) 596-2360

Spartanburg, SC 29304

E: nrosario@cityofspartanburg.org

Name of Development _____

Current Zoning District _____

Zoning District being Requested _____

ALL OF THE FOLLOWING ITEMS MUST BE ATTACHED in order for this application to be complete.

- Narrative addressing reasons for rezoning
- A boundary map of subject property prepared and sealed by a registered land surveyor. A reproducible copy of this map, no larger than 11" x 17", along with a PDF format on a CD must also be submitted.
- Certification of owner(s) consent, if applicable
- Filing Fee:

| | |
|------------------------|-------|
| Single-Family Rezoning | \$100 |
| Multi-Family Rezoning | \$150 |
| Business Rezoning | \$150 |
| PDD Rezoning | \$200 |

For Official Use Only

Date Received _____ Time _____

Accepted by _____ Master Tracking Number _____