



Planning Department

PO Box 1749 • Spartanburg, SC 29304 • phone: (864) 596-2068 • email: planning@cityofspartanburg.org
website: www.cityofspartanburg.org

General Application

Name of Development: _____

Street Address: _____

Zoning District: _____ Overlay: _____ Tax Map Number: _____

Owner: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Applicant: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Agent: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Please select the activity requested / also, please attach the required Supplemental Form:

- | | |
|---|--|
| <input type="checkbox"/> Annexations | <input type="checkbox"/> Planned Development Districts (PDD) |
| <input type="checkbox"/> Special Exceptions | <input type="checkbox"/> Zoning - Conditional Use |
| <input type="checkbox"/> Zoning - Appeals | <input type="checkbox"/> Zoning - Variance |
| <input type="checkbox"/> Zoning - Map Amendment | |

Fees and Payments can be made using the Permit Number and the [City of Spartanburg Payment Portal](#).

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. I hereby authorize the staff of the Planning Department to inspect the premises of the above-described property.

Applicant / Owner Signature: _____ Date: _____

Staff Use Only / Received by: _____

Date Received: _____ **Time:** _____ **Permit Number:** _____



Planning Department

PO Box 1749 • Spartanburg, SC 29304 • phone: (864) 596-2068 • email: planning@cityofspartanburg.org
website: www.cityofspartanburg.org

ZONING VARIANCE SUPPLEMENTAL APPLICATION FORM

Name of Development: _____

Location of Development: _____

Section Number(s) of the Ordinance from which a Variance(s) is requested:

Describe completely and specifically the requested Variance:

Explain briefly why the Variance is requested:

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

___ A typed narrative that explains How and Why the requested Variance meets All of the criteria of the Zoning Ordinance Section 603.3 (A) (2), (see attached copy). Criteria for Approval of Variances; and

___ Notarized written certification, signed by the owner(s) of record of the property, that the owner(s) consent to the request for a Variance. Certification is not necessary if the owner is the applicant; and

___ A sealed site plan to scale that clearly illustrates the requested Variance in relation to the affected site and to the surrounding parcels and uses. A reproducible copy of this plan, no larger than 11” x 17”, must be submitted. In addition, please include or email the site plan in PDF format; and

___ **Filing Fee:** \$150.00

Staff Use Only / Received by: _____

Date Received: _____

Time: _____

Permit Number: _____

