



City of Spartanburg Planning Department

Master Application Form

Post Office Box 1749
Spartanburg, SC 29304

Phone: 864.596.2068
Fax: 864.596.2360

Name of Development _____

Street Address _____

Zoning District _____ Overlay District _____ Tax Map Number _____

Landowner	Applicant	Agent
Bus License # _____	Bus License # _____	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 _____

- | | |
|--|---|
| <input type="radio"/> Appeal | <input type="radio"/> Planned Development District* |
| <input type="radio"/> Special Exception* | <input type="radio"/> Subdivision* |
| <input type="radio"/> Variance | <input type="radio"/> 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 _____