# City of Spartanburg Planning Department

## Master Application Form

**Post Office Box 1749**  
Spartanburg, SC 29304  
**Phone:** 864.596.2068  
**Fax:** 864.596.2360

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**Name of Development**  

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**Street Address**  

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**Zoning District**  
**Overlay District**  
**Tax Map Number**

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<tr>
<th>Landowner</th>
<th>Applicant</th>
<th>Agent</th>
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- [ ] Appeal  
- [ ] Special Exception*  
- [ ] Variance  
- [ ] Planned Development District*  
- [ ] Subdivision*  
- [ ] Zoning Map Amendment*

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

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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.

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**Signature**  
**Date**

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For Official Use Only

**Date Received**  
**Time**

**Accepted by**  
**Master Tracking Number**