TOWN OF CAMPOBELLO

APPLICATION FOR REZONING

This application for rezoning must be completed in full and returned to the Town Clerk, 208 North Main Street, Campobello, SC 29322. The Planning Commission meets the second Tuesday of every month requiring this application to be received for processing no later than three (3) weeks prior to the meeting date.

A deed and property plat must accompany this application and all data and exhibits found herein or appended to this application shall be deemed to be public record. This information must include a written legal description of the property including metes and bounds, deed and plat references.

Additional information may be required by the Campobello Planning Commission.

A non-refundable filing fee is required to process this application and cover advertising costs incurred for public hearings. The fee must accompany this application. (See fee schedule below).

Property Owner

Name ________________________________________________

Mailing Address _______________________________________

Telephone Number (Work) ___________________ (Home) ___________________

Applicant (if different from owner)

Name ________________________________________________

Mailing Address _______________________________________

Telephone Number (Work) ___________________ (Home) ___________________

Property Location

Address ________________________________________________

TMS Number __________________________________________

Property Characteristics

________________________________________________________________________

- continued on other side -
Property Size ____________ feet X ____________ feet ___________________ acres

Existing Zoning ___________________________________________

Requested Zoning _________________________________________________________________

Current Use of Property ____________________________________________________________

Proposed Use of Property ___________________________________________________________

Reasons for request/supporting information and justification to be used in staff's report and evaluation

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

The undersigned represents that he/she is _______________ (owner/authorized agent) in the above application and that no person other than those identified as the owner/applicant has an interest in the property which is the subject of this application.

Signature ________________________________ Date ________________________________

Given under my hand and seal, this ______day of ______, 20__

________________________________________________________________________________ (Seal)

Notary Public for South Carolina

My Commission expires on ___________ day of ________, 20__

Fee Schedule – Rezoning

<table>
<thead>
<tr>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single-Family</td>
<td>$250</td>
</tr>
<tr>
<td>Multi-Family</td>
<td>$250 1st acre + $50 each additional acre or fraction; maximum $500</td>
</tr>
<tr>
<td>Commercial/Industrial</td>
<td>$300 1st acre + $50 each additional acre or fraction; maximum $500</td>
</tr>
<tr>
<td>PDD/FRD</td>
<td>$500</td>
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</tbody>
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