Town of Awendaw  
Rezoning Application

Application Number ___________________________ Date: ______ Fee Paid: ___________________________

Property Information
Present Zoning District ______________________ Proposed Zoning District _________________________
Tax Map Number(s) ____________________________
Address ______________________________________
Lot Dimensions ______________________________________________________ Acres ________________
Deed Recorded: Book ______ Page ______ Date _____/_____/____
Plat Recorded: Book ______ Page ______ Date _____/_____/____ Approved No. ______________

Applicant __________________________________________
Owner(s) (if other than applicant)_________________________

Designation of Agent (complete only if owner is not applicant):
I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for a zoning permit.

Owner Signature (s) ___________________________ Date
I (we) hereby certify that the information in this application and all attached documents is correct and I authorize the subject property to be inspected and posted with notices of the hearings before the Planning Commission and Town Council.

Applicant Signature (s) ___________________________ Date
Information required with application (check information submitted):
☐ Tax map indicating subject property
☐ Approved, recorded plat
☐ Current, recorded deed to the property
☐ Check or cash (made payable to Town of Awendaw)

The owner or representative should attend the Planning Commission Meeting, Public Hearing, and the Town Council Meetings since additional information may be requested by the Planning Commission or Town Council.
This application must be submitted in person at the Planning Department Office. Incomplete applications will be returned to the applicant.

Staff use on reverse side
Town of Awendaw
Report of the Planning Commission

The Planning Commission has heard the rezoning application and its recommendation to Town Council is as follows:

__________________________________________________________________________________________
____________________________________
______________________________________________________
__________________________________________________________________________________________

For the Planning Commission:

_____________________________________________________________________________

Chairman

Date