



**Proposed Annexation/rezoning Application**  
**York South Carolina**  
**Page 1**

**Type of application**

Fee -\$300.00 paid \_\_\_\_\_

Annexation: \_\_\_\_\_ Rezoning: \_\_\_\_\_

To the Honorable Mayor and City Council:

The undersigned hereby respectfully requested that the City of York Zoning Ordinance be amended as described below:

- 1) This is a request for a change in the: (check one)  
☐ Zoning map (fill in items # 2, 3, 4, 5, 6, and 9 only)  
☐ Zoning Text (fill in items # 7 and 9 only)  
☐ Zoning Schedule of district Regulations (fill in items # 8 and 9 only)

Tax map change	2) Give exact address, and plat map reference for property for which you propose a zoning change: Address _____  District No. _____ Block No. _____ lot (s) _____ _____ _____ _____
	3) Area of subject property _____ Sq. ft. or acres 4) How is this property presently zoned: (check one) <input type="checkbox"/> R-15 <input type="checkbox"/> R-7 <input type="checkbox"/> R-5 <input type="checkbox"/> PUD <input type="checkbox"/> MH <input type="checkbox"/> B-1 <input type="checkbox"/> H-C <input type="checkbox"/> G-1 <input type="checkbox"/> TU <input type="checkbox"/> R-7 MH <input type="checkbox"/> HD  5) What new zoning do you propose for this property: (check one) <input type="checkbox"/> R-15 <input type="checkbox"/> R-7 <input type="checkbox"/> R-5 <input type="checkbox"/> PUD <input type="checkbox"/> MH <input type="checkbox"/> B-1 <input type="checkbox"/> H-C <input type="checkbox"/> G-1 <input type="checkbox"/> TU <input type="checkbox"/> R-7 MH <input type="checkbox"/> HD  UNDER ITEM # 9 EXPLAIN WHY THIS AREA SHOULD BE ZONED AS YOU PROPOSED.  6) Does the applicant own all of the property proposed for this zoning change: <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, give address of the property involved which he does not own and owners name in property owner list on page 2 of this application.
Text Change	7) If this involves a change in the Zoning Text, what section or sections will be affected: _____ *SHOW PROPOSED CHANGE AND REASONS THEREFORE UNDER #9
Schedule change	8) If this involves a change in the Schedule of District Regulations, what columns(s) _____ District(s) _____

9) Explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If more space is need continue on next page

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It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rest with the applicant

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_

9) Explanation (Cont.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Property Owners within Request:

Property Address	Owner	Owners's address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11) Property Owners Adjacent to the Request:

Owner/Address	Owner/Address
_____	_____
_____	_____
_____	_____
_____	_____

**DO NOT WRITE IN THIS SECTION-FOR OFFICIAL USE ONLY**

Date received by Planning Department \_\_\_\_\_  
Date Advertised - (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_  
Date posted \_\_\_\_\_  
Date Public Hearing held \_\_\_\_\_  
Date of City Council Action (Approved) \_\_\_\_\_ (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_  
Date applicant notified \_\_\_\_\_

**PLANNING COMMISSION RECOMMENDATIONS:**

( ) APPROVED ( ) DENIED ( ) DEFERRED

**CITY COUNCIL ACTION:**

( ) APPROVED ( ) DENIED ( ) DEFERRED