

**GRAY COURT, SOUTH CAROLINA  
PLANNING COMMISSION**  
P.O. Box 438 Gray Court, South Carolina 29645  
Ph. 864-876-2581 Fax 864-876-3999

**OFFICIAL ZONING MAP AMENDMENT APPLICATION**

Date Submitted: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

**Attach Complete Legal Description, i.e., metes and bounds or subdivision lot number and plat book and page.**

General Location: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Size in Acres: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Applicant/Representative: (Contact Person) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**If the applicant is someone other than the property owner, the applicant must include a statement signed by the property owner which authorizes the applicant to apply for the specific purpose and location on his behalf. Such statement must be attached to the application.**

**CERTIFICATION**

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable Town Ordinances and State Laws related to land development. I am the property owner, or his authorized agent, of the subject site.

\_\_\_\_\_  
Authorized Printed Agent Name, Signature, and Date