



Text Amendment Application

Business and Development Services
PO BOX 249
5 EAST BUTLER ROAD
MAULDIN SC 29662
864.234.3475

The following information is required to be submitted prior to review by City Staff for placement on the Planning Commission agenda:

- [] 1. Completed application form including a summary of the request.
- [] 2. If applicable to your appeal, Nine (9), 11x17 plans and (1) 24 x 36 sets of the site plan and other information as needed to support the appeal.
- [] 3. **Filing Fee: \$75.00 (non-refundable)**
- [] 4. Pre-application conference with Business and Development Services
With whom: _____

Applicant Information

Name of Applicant _____ Contact _____

Address _____

City, State, Zip _____

Phone No. _____ Mobile No. _____

E-mail _____

Signature _____ Date _____

To the Planning Commission and City Council of Mauldin:

I, _____, do hereby make an application to change the Zoning Ordinance of the City of Mauldin as herein requested.

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Describe in detail the ordinance change(s) that you are requesting:

Provide information as to why you feel this change would benefit the City of Mauldin as a whole:

If requesting a text amendment to allow a particular use in one or more zoning districts, provide information as to why you think this should use should be allowed and how the proposed use meets the purpose and intent of the zoning district(s) in which the use would be permitted.

Provide information as to how this amendment will benefit and ensure the health, safety and welfare of the general public.

I, hereby certify that all of the information provided in this application and plans submittal is true and accurate to the best of my knowledge.

DATE

APPLICANT'S SIGNATURE

APPLICANT'S NAME (PLEASE PRINT) _____

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