



REZONING APPLICATION
Moncks Corner Community Development

**MONCKS
CORNER**
The Lowcountry's Hometown

Applicant Information

Name: _____ Address: _____

Phone: _____ E-Mail: _____

Property Owner Information (If Different)

Name: _____ Address: _____

Phone: _____ E-Mail: _____

TMS #: _____ Address: _____

Current Zoning: _____ Requested Zoning: _____

Current Use of Property: _____

Proposed Use of Property: _____

Has any application involving this property been previously considered by the Moncks Corner Planning Commission or Board of Zoning Appeals? If yes, please state details.

I (we) certify that I (we) are the free holder(s) of the property(s) involved in this application and further that I (we) designate the person signing as applicant to represent me (us) in this rezoning.

Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

For Official Use Only

Received: _____ Property Posted: _____

Receipt #: _____ Hearing: _____

Advertised: _____ Approved: _____