



**Town of Moncks Corner Planning Department
Re-zoning Application**

Date: _____

Property Owner: _____

Owner Address: _____

Owner Phone Number: _____

Applicant: _____

Applicant Address: _____

Applicant Phone Number: _____

Property Interest: _____

Property Location: (a plat must accompany this application)

Tax Map Number: _____

Lot Area: _____

Present Zoning: _____

Requested Zoning: _____

Property Characteristics:

Frontage on Public Road: _____ Water Available? _____ Sewer Available? _____

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.

Reasons for request and any supporting information:

Property Owners Signature: _____

Date: _____

Do Not Write in This Space:

Advertised: _____

Public Hearing: _____

Property Posted: _____

Application Taken By: _____