

**APPLICATION TO AMEND OR CHANGE  
THE TEXT OR MAP  
OF THE ORANGEBURG ZONING ORDINANCE  
CITY OF ORANGEBURG**



Do Not Write in This Box

Application No. \_\_\_\_\_ Date Received \_\_\_\_\_ Fee Paid \_\_\_\_\_

- 1) This application is for an amendment to the: (check one)  
 Ordinance Map (fill in Items # 2, 3, 4, 5, 6, 7, 9 and 10)  
 Ordinance Text (fill in Items # 8, 9 and 10 only)
- 2) Address and tax map reference to property for which a map boundary change is requested  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3) Current Zoning Classification of property in question \_\_\_\_\_
- 4) Current use of property in question \_\_\_\_\_
- 5) Proposed map (zoning classification) change \_\_\_\_\_
- 6) Proposed use of property in question \_\_\_\_\_
- 7) Does the applicant own the property proposed for this change? ( ) YES ( ) NO---If NO, give the name and address of the property owner, and written authorization to file this application  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8) If this involves a change in the Ordinance Text, what section or sections will be affected?  
 \_\_\_\_\_
- 9) Describe the proposed change and the reasons for the change (EXPLANATION)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 10) Pursuant to § 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit?  
 \_\_\_\_\_

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 amendments rests with the applicant. **COPY OF DEED MUST ACCOMPANY THIS APPLICATION:**

APPLICANT :

\_\_\_\_\_  
 (PRINT NAME)

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE \_\_\_\_\_