

CODINGTON COUNTY
PETITION FOR CHANGE IN ZONING CLASSIFICATION

1. APPLICANT' S NAME _____
ADDRESS _____ PHONE _____

2. THE LEGAL DESCRIPTION OF THE PROPERTY IS:

3. THE PRESENT ZONING OF THE ABOVE PROPERTY IS _____ ; THE PROPOSED ZONING IS _____

4. WHAT CHANGED OR CHANGING CONDITIONS MAKE THE PASSAGE OF THIS AMENDMENT NECESSARY?

5. WHAT OTHER CIRCUMSTANCES JUSTIFY THE PROPOSED AMENDMENT?

6. SIGNATURE OF APPLICANT _____ DATE: _____

FOR COUNTY ONLY

DATE FILED WITH ZONING OFFICER: _____
FEE (NON-REFUNDABLE) PAID: _____ YES _____ NO
DATE OF HEARING: _____
ACTION BY PLANNING AND ZONING COMMISSION: _____
ACTION BY COUNTY COMMISSION: _____
EFFECTIVE DATE: _____