



Fairfield County Community Development

Planning, Building, and Zoning Office

Post Office Drawer 60

Winnsboro, SC 29180

Office: 803-712-6596



ZONING MAP AMENDMENT (REZONING) APPLICATION

FEE: \$400.00

PETITION TO PLANNING AND ZONING COMMISSION APPLICATION FOR A ZONING MAP AMENDMENT (REZONING) INSTRUCTIONS

The Fairfield County Official Zoning Map was created after an investigation of all properties and their land use(s) within every section of the County, and included the following analysis: (1) the relationship of all properties to the needs of the community in which it is situated: and (2) the future development of the County as a whole. Allowances were also made for normal growth and expansion. A change in zoning constitutes an amendment to the Official Zoning Map, and as such, each requires a petition to amend the Code of Zoning and Land Development Regulations (ZLDR) within which the Official Zoning Map is incorporated.

A zoning map amendment application is first initiated by the property owner and/or his agent, the Fairfield County Planning Commission, or the Fairfield County Council. The Fairfield County Planning and Zoning Commission must then hold a public hearing. The applicant and/or agent may appear at the hearing to present the case. After the Planning Commission has made its recommendations, the rezoning request goes to County Council for three readings. From start to finish, the process takes approximately eight weeks.

The Planning Commission considers rezoning petitions at its regular meetings on the 4th Thursday each month at 6:00 p.m. in the Fairfield County Council Chambers located at 250 N Walnut St, Winnsboro. County Council considers rezoning petitions at their regular meetings on the first and third Mondays of each month. The applicant and/or owner(s) will be notified of the specific dates that the request will be heard. All rezoning petitions must be filed at least forty-five (45) days prior to the Planning Commission meeting in which it is to be considered.

This application for rezoning must be typed or neatly printed, completed in full, and returned to the Planning and Zoning Department at the Fairfield County Government Complex, 250 N. Walnut Street, Winnsboro, SC 29180. It must be accompanied by:

- One copy of the property's recorded deed obtained from the Fairfield County Register of Deeds.
- One copy of the recorded plat obtained from the Fairfield County Register of Deeds.
- A non-refundable filing fee of \$400 which is required to process this application and cover advertising costs incurred for the public hearing. Checks are to be made payable to Fairfield County.
- Additional information, if requested by the Fairfield County Planning and Zoning Department.



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If the property to be rezoned is owned by more than one person, each owner must be listed. If the applicant is not the property owner, the property owner must complete and notarize the Designation of Agent Form. If the property is owned by more than one person, each owner must complete and notarize a separate Designation of Agent Form. Additional forms are provided on the last page of this application.

All data and exhibits found herein or appended to this application shall be deemed to be public record.



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Date filed: _____ Request #: _____

Instructions:

A zoning map amendment may be initiated by the property owner(s), Planning Commission, Zoning Administrator, or City/Town/County Council.

If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent section.

THE APPLICANT HEREBY REQUESTS that the property described below be rezoned from

_____ to _____.

APPLICANT INFORMATION

Applicant(s): _____

Address: _____

Telephone: _____ Interest: _____

Owner(s): _____

Agent of Owner(s): _____

OWNER INFORMATION

Owner(s) [if other than Applicants]: _____

Address: _____

Telephone: _____



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PROPERTY INFORMATION

Address: _____

Lot: _____ Block: _____ Subdivision: _____

TM#: _____ - _____ - _____ - _____ - _____ Plat Book: _____ Page: _____

Lot Dimensions: _____ Area: _____

Zoning District: _____ Zoning Map Page: _____

DESIGNATION OF AGENT [complete only if owner is not applicant]: I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for rezoning.

I (we) certify that the information in this request is correct.

Date

Owner(s) Signature

Owner(s) Signature