Planning & Development
205 North 1st Street | Easley, SC 29640
864-855-7900 | www.cityofeasley.com

OFFICE USE ONLY
Application #: _____
Received on: _____ Staff: _____
Issued on: _____ Staff: _____

Text Amendment Application

The applicant hereby requests amendment to the following section(s):

_____

Explanation of the proposed change: _____

_____

_____

_____

_____

Please attach a separate narrative describing the proposed change in greater detail.

PROPERTY INFORMATION

Complete this section only if the proposed change affects a specific property or parcel of land. List additional parcels on a separate sheet.

Address/Location: _____

Tax Map Parcel #: _____ Zoning District: _____

APPLICANT INFORMATION

Who is the primary contact person for this application?

☐ **the owner of property described above** *(fill in left section only)*
☐ **an applicant representing an owner or company** *(fill in both)*

Owner Name: _____
Company: _____
Mailing Address: _____
City / State / ZIP: _____
I prefer to be contacted by: ☐ cell # ☐ business # ☐ e-mail
Preferred Phone #: _____
E-Mail: _____

Owner Name: _____
Company: _____
Mailing Address: _____
City / State / ZIP: _____
I prefer to be contacted by: ☐ cell # ☐ business # ☐ e-mail
Preferred Phone #: _____
E-Mail: _____

SUBMITTAL & FEE PAYMENT

An amendment to the written text of the Unified Development Ordinance (UDO) may be proposed by City Council, the Planning Commission, the Board of Zoning Appeals, the Planning Director, any department or agency in the City, or any other individual, corporation, or agency.

Fee: $___

I (we) certify that the information in this application is correct and hereby authorize the City of Easley to process this application.

Signature: _____

Submittal Date: _____