

# Comprehensive Plan Map Amendment

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_

\*If you would like to request a Land Use pre-application conference, please call (843) 676-8600 for an appointment.

Proposed Text Amendment (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Map Amendment (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Tax Map Number: \_\_\_\_\_  
Map \_\_\_\_\_ Block \_\_\_\_\_ Parcel(s) \_\_\_\_\_

Property Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Justification/Reason for Proposed Amendment (Attach separate sheet if necessary):

- |   |   |
|---|---|
| <input type="checkbox"/> Necessary to implement the community vision  | <input type="checkbox"/> Correct an original mistake or manifest error                                    |
| <input type="checkbox"/> Recognize substantial change and changing conditions or circumstances in a particular locality | <input type="checkbox"/> Recognize change in technology, the style of living, or manner of doing business |
| <input type="checkbox"/> Other  |   |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note to Applicant:** Application must be submitted by Planning Commission deadline date and be accompanied by a \$100 application fee.

## Staff Use Only

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Receipt Attached: \_\_\_\_\_