

PLANNING COMMISSION APPLICATION CHECKLIST



A completed application package must be received by the Zoning Division no later than 5:00 p.m. for paper applications and 11:59pm for digital submissions through Etrakit on the last working day of the month to be eligible for the following month's Planning Commission meeting. An application is not complete unless <u>ALL</u> applicable checked items and associated fees are provided.

		Completed Application
		Letter of Authorization by owner if applicant is not the owner (Mandatory).
		A plat of the subject parcel, including the bearing and distances.
		Completed PDD submission checklist, if applicable.
□ <u>P</u>		Pre-application meeting (must take place prior to application submission).
		Other, as determined by the zoning office.
	-	
		All fees are nonrefundable
☐ Rezoning Fee		\$105.31 for the first ten (10) acres and \$105.31 for each ten (10) acres or portion thereof.
☐ F	PDD Fee	\$105.31 for the first fifteen (15) acres and \$105.31 for each ten (10) acres or portion thereof
*De	eferrals for	all Zoning Map Amendments will cost an additional 50% of the initial fee.
correct State the s	ct to the bes Laws relate ubject sites	nat I have read this application and the information supplied herein is true and to f my knowledge. I agree to comply with all applicable County Ordinances and d to land development. I am the property owner, or his/her authorized agent of (s). I understand that falsifying any information herein may result in his request.
Pr	roperty owner	or authorized agent Date
		of additional information, the staff of the Richland County Planning Department at (803)-576-2190 or at planningcommision@richlandonline.com
Recei Initial: Date:		<u></u>



MAP AMENDMENT APPLICATION



(Please type or write clearly)

Date Submitted:	Project Number:	Receipt #:
Project or Applicant Name: _		
Tax Map Numbers:		(Attach legal description of parcels)
General Location:		
Current Zoning:	Requested Zoning:	Size in Acres:
Existing Use of Property:		
Proposed Use of Property:		
Applicant/Representative: (Co	ontact Person)	
Address:		
		mber: ()
Property Owner's Name:		
Address:		
		mber: ()
Email Address:		
	es the applicant to apply for t	e applicant must include a statement signed by his specific purpose and location on his behalf.
my knowledge. I agree to comp	oly with all applicable County e property owner of the subject	n supplied herein is true and correct to the best of y Ordinances and State Laws related to land site. I understand that falsifying any information
Property Owner Signature		Date



RESTRICTED COVENANTS AFFECTING ACTIVITY



I,	, am the Applicant for a <u>MAP AMENDMENT</u> (type of permit)
permit for the purpose of	, and I hereby truthfully
(us	se that will go on the property) Knowledge, the tract or parcel of land subject to said permit:
is restricted by a recorded cov for which this permit applies.	venant that is contrary to, conflicts with, or prohibits the activity
is <u>NOT</u> restricted by a record activity for which this permit applies	ded covenant that is contrary to, conflicts with, or prohibits the es.
notice of any recorded covenant that is opermit applies. Applicant therefore agree	hat unless stated above, Richland County does not have actual contrary to, conflicts with, or prohibits the activity for which this ees to indemnify and hold harmless Richland County from any the event that the permitted activity is found to be in violation of a
As used herein:	
· ·	ctive notice of documents filed in local offices concerning the chland County to conduct searches in any records offices for filed
(2) 'permit' does not mean an au land; and	nthorization to build or place a structure on a tract or parcel of
(3) 'restrictive covenant' does no built or placed on a tract or parce.	ot mean a restriction concerning a type of structure that may be l of land."
	SIGNATURE OF APPLICANT
	PRINTED NAME OF APPLICANT
	ADDRESS
	CITY/STATE/ZIP
	DATE