



City of Spartanburg Planning Department
Zoning Map Amendment Supplemental
Application Form

Post Office Box 1749
Spartanburg, SC 29304

Phone: 864.596.2068
Fax: 864.596.2360

Name of Development _____

Current Zoning District _____

Zoning District being Requested _____

ALL OF THE FOLLOWING ITEMS MUST BE ATTACHED in order for this application to be complete.

- Narrative addressing reasons for rezoning

- A boundary map of subject property prepared and sealed by a registered land surveyor. A reproducible copy of this map, no larger than 11" x 17", along with a PDF format on a CD must also be submitted.

- Certification of owner(s) consent, if applicable

- Filing Fee:

Single-Family Rezoning	\$100
Multi-Family Rezoning	\$150
Business Rezoning	\$150
PDD Rezoning	\$200

For Official Use Only

Date Received _____ Time _____

Accepted by _____ Master Tracking Number _____