

**CITY OF WEST COLUMBIA**  
**Zoning Map Amendment (Rezoning) Application**

Request No: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Fee: \_\_\_\_\_

**Instructions – Please Read**

This form must be completed to initiate a zoning map amendment. **Entries must be printed or typewritten.** If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not the owner, the owner(s) must sign the **Designation of Agent**. No application for a map amendment will be received for inclusion on the Planning Commission’s agenda unless the following conditions are met at least **thirty (30) days** prior to the date of the meeting:

- a. All questions on this application have been **fully** answered (Use additional paper if necessary);
- b. The application has been signed by the **owner** or agent with the signed **Designation of Agent**
- c. A **plot plan drawn to scale**, showing the actual dimensions and shape of the lot, the exact size and locations on the lot of all buildings and signs, and the names of surrounding property owners

An amendment to the zoning map may be initiated by the City Council, the Planning Commission, the Zoning Administrator, or the property owner(s) or an agent authorized by the property owner(s).

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

from \_\_\_\_\_ to \_\_\_\_\_

**Applicant(s)** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

**Owner(s)** [if other than Applicant(s)]: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)  
(Use additional paper if necessary)

**Property Address:** \_\_\_\_\_

Tax Map #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ Area: \_\_\_\_\_ Plat Book: \_\_\_\_\_ 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 application.

Owner signature(s): \_\_\_\_\_

Owner printed names(s): \_\_\_\_\_

Date: \_\_\_\_\_

**I (we) certify that the information in this application and the attached documentation is correct. I understand that this application will be carefully reviewed and considered, and the burden of proving the need for the proposed amendment rests with the applicant.**

Applicant signature(s): \_\_\_\_\_

Applicant printed names(s): \_\_\_\_\_

Date: \_\_\_\_\_