



| FOR OFFICE USE ONLY | |
|---|-------|
| Rezoning Finance Acct Code | 3.51 |
| Fee Due for Rezoning | \$500 |
| FEE PAID (Payable to the "CITY OF NORTH MYRTLE BEACH"): | |
| Submittal Date: | |
| Notice Published: | |
| Property Posted: | |
| Planning Commission: | |
| First Reading: | |
| Second Reading: | |

Revision Date 01.10.17

**CITY OF NORTH MYRTLE BEACH
REZONING APPLICATION FORM**

Today's Date: _____ (Please Print or Type)

APPLICANT INFORMATION

| | | | | | | |
|------------------------|--------|---------|-------------------------------|-------------------------------|---|---|
| Applicant's Last Name: | First: | Middle: | <input type="checkbox"/> Mr. | <input type="checkbox"/> Miss | <input type="checkbox"/> Property Owner | <input type="checkbox"/> Authorized Agent |
| | | | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Contract Purchaser | <input type="checkbox"/> Other: _____ |
| Street Address: | | | | Telephone Number(s): | Facsimile: | |
| | | | | () | () | |
| Post Office Box: | City: | State: | ZIP: | () | () | |
| | | | | E-mail Address: | | |

SUBJECT PROPERTY INFORMATION

Provide below the exact street address (name, number) and plat map reference for which you propose a zoning change
PLEASE ATTACH AN ACCURATE TAX MAP(S) AND/OR RECENT SURVEY PLAT DELINEATING THE SUBJECT PROPERTY

| | | | |
|--|-----------------------------|-------------------|-------------------------------------|
| Street Address: | Beach Section: | Subdivision Name: | Tax Map Number(s): |
| Name: | <input type="checkbox"/> NA | Survey Date: | Block: |
| Number(s): | | Lot #(s): | Section: |
| Total Area of Subject Property: _____ (check one) <input type="checkbox"/> Square Feet or <input type="checkbox"/> Acres | | | Current NMB Zoning Classification: |
| If subject property is proposed for annexation, what is the current Horry County Zoning? | | | Proposed NMB Zoning Classification: |

CERTIFICATION & SIGNATURE OF APPLICANT(S) OR AUTHORIZED AGENT(S)

| | | |
|---|--|--|
| Does the applicant own all of the property proposed for rezoning? | <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, SUBMIT THE FOLLOWING ITEMS: |
| A. Plat showing lot numbers of each parcel. | B. Written agreement of all property owners. | C. Mailing address of each property owner. |

The undersigned hereby respectfully requests that the City of North Myrtle Beach Zoning Ordinance be amended by changing the Official Zoning Map. While it is understood by the undersigned that this application will be carefully reviewed and considered by public officials, the burden of proving the need and rational basis for the proposed Zoning Map amendment rests with the applicant.

| | |
|--|-------|
| Signature of Applicant or Authorized Agent | Date |
| _____ | _____ |
| Co-signature (if applicable) | Date |
| _____ | _____ |