LANCASTER COUNTY
SOUTH CAROLINA

APPLICATION TO AMEND OR CHANGE THE TEXT OR MAP OF THE LANCASTER COUNTY UNIFIED DEVELOPMENT ORDINANCE

Do Not Write In This Box

UDO-TA-015-002
Application No._____ Date Received _____ Fee Paid _____

1. The application is for amendment to the: (check one)

   ☐ District Boundary Map (fill in all items #2,3,4,5,6,7,&9 only)

   ☑ Ordinance Text (fill in items # 8 & 9 only)

2. Give either exact address or tax map reference to property for which a district boundary change is requested:_____

3. How is this property presently designated on the map?_____

4. How is the property presently being used?_____

5. What new designation or map change do you purpose for this property?_____

6. What new use do you propose for the property?_____

EXPLAIN UNDER ITEM #9 WHY THIS AREA SHOULD BE REDESIGNATED OR CHANGED.

7. Does the applicant own the property proposed for this change? ☐ YES ☐ NO If no, give the name and address of the property owner and attach notarized letter from property owner:

   _____

   _____

8. If this involves a change in the Ordinance text, what section or sections will be affected?_____

   4.1.7 CONVENIENCE CENTERS

9. Explanation of and reasons for proposed change: CONFORM TO SECTION 4.2.8

   DUE TO PROBLEMS WITH SITING SUCH A FACILITY

(use back of form if additional space is needed)

NOTE: *It is understood by the undersigned that while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant.*

APPLICANT'S NAME (PRINT)
LANCASTER COUNTY

ADDRESS:
PO Box 1809
LANCASTER, SC 29721-1809

Phone: 416-9300

Steve Willis
SIGNATURE