

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-014-016
Application No. _____ Date Received 10-27-14 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 propose 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? _____

4.1.23 (subsection 2) Temporary dependent Care residences

9. Explanation of and reasons for proposed change: To allow building and zoning

official to renew permit in one (1) year increments.

(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.

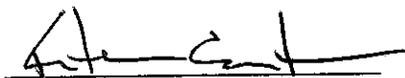
APPLICANT'S NAME (PRINT)

Greene S. Conner

ADDRESS:

213 Orange Ave
Lancaster SC 29720

Phone: 803-416-9319


SIGNATURE