



CITY OF WOODRUFF

231 E. Hayne Street
Woodruff, SC 29388

Phone: 864-476-8154 Fax: 864-476-8119

www.cityofwoodruff.com

ZONING CHANGE APPLICATION / Fee:\$35

Site Location

STREET ADDRESS TOWNSHIP, RANGE, SECTION _____

Applicant _____ Ph: _____ Fax _____

LOT Tax ID NUMBER: _____

The Applicant is Owner / Authorized Representative/Other (DESCRIBE) _____

Property Owner (if different from Applicant)

Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____

Lot Details

Frontage _____ Right-of-Way _____

Depth _____ Area _____

Public Utilities _____

Present Zoning: _____

Requested Zoning: _____ Proposed Use Changes (if applicable): _____

Description of proposed zoning ordinance change:

Documentation Submitted: Site Plan Photographs / Area Map Survey-Proof of Ownership- Other _____

Required documentation must be submitted to the Zoning Administrator in order for the application to be placed on the Planning Commission /City Council meeting agenda. Although attendance by applicants at the meeting is optional, it is STRONGLY ADVISED that applicants make every effort to attend. Failure to attend can result in the denial or delay of an application due to incomplete information.

I hereby apply for a zoning change, and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Woodruff and with South Carolina Building Codes; that I understand this form is not in itself a zoning change but only an application for a zoning change and is valid only with procurement of applicable approvals.

Signed: _____ Date: _____