

**PLANNED DEVELOPMENT DISTRICT
(PDD) APPLICATION
CITY OF GAFFNEY
(864) 487-8500**

- 1) NAME OF APPLICANT _____
(MUST BE PROPERTY OWNER)
- 2) APPLICANT'S MAILING ADDRESS _____

- 3) APPLICANT'S PHONE # _____
- 4) REPRESENTATIVE OF APPLICANT _____
- 5) REPRESENTATIVE'S MAILING ADDRESS _____

- 6) REPRESENTATIVE'S PHONE # _____
- 7) STREET ADDRESS OF SUBJECT PROPERTY _____

- 8) NEARBY REFERENCE POINTS TO PROPERTY _____
- 9) SUBJECT PROPERTY'S TAX ID # _____
- 10) CURRENT ZONING DISTRICT _____
- 11) PROPOSED ZONING _____
- 12) PROPOSED USE _____
- 13) REQUIRED INFORMATION TO ACCOMPANY THIS APPLICATION:
 - A) Size in acres of proposed development _____
 - B) Copy of a land survey certified by a registered land surveyor of the property to be developed
 - C) Copy of a deed showing ownership of the property to be developed

Please include any other information in support of your application.

PDD developments shall meet all applicable requirements as described in Section 2.5 of the Official Zoning Ordinance of the City of Gaffney.

Is This Tract / Parcel or development restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? Yes_____ NO_____

If the applicant is utilizing a representative, the property owner must complete the section below.

I hereby authorize the person listed in item 4 above to represent me in any and all actions pertaining to this application.

The undersigned does hereby verify that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain whatever information is necessary to review this application

Note: the parcel owner must either sign in the presence of the city's planning department staff or have the signature notarized

PROPERTY OWNER'S SIGNATURE

DATE

FOR OFFICE USE ONLY

DATE APPLICATION SUBMITTED_____ REC'D BY_____

DATE APPLICATION COMPLETED_____ REVIEWED BY_____

DATE OF COMP'D REVIEW_____ STATUS OF REVIEW_____

DATE OF PLANNING COMMISSION MEETING_____ Approved Disapproved

DATE OF CITY COUNCIL MEETING_____ Approved Disapproved

\$500.00 PDD ZONING MAP AMENDMENT (OR AS ESTABLISHED BY CITY COUNCIL)

FEE SUBMITTED_____ DATE_____