

**ZONING REVIEW APPLICATION**  
**CITY OF GAFFNEY**  
(864) 487-8500

- 1) NAME OF APPLICANT \_\_\_\_\_
- 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) ZONING DISTRICT \_\_\_\_\_
- 11) EXISTING USE OF PROPERTY \_\_\_\_\_
- 12) PROPOSED USE OF PROPERTY \_\_\_\_\_

**Submit a site plan showing dimensions of parcel; size, height, location of all structures, fencing, etc; parking; access points; buffers, landscaping and any other information deemed necessary by the community development department to complete this review.**

**\*NOTE: A string may be required to be pulled along the property line for setback verification.\***

**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.**

\_\_\_\_\_  
**NAME OF APPLICANT/ AGENT**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

DATE APPLICATION SUBMITTED: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

DATE APPLICATION COMPLETED: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

DATE OF COMP'D REVIEW: \_\_\_\_\_ STATUS OF REVIEW: \_\_\_\_\_