

Zoning District Map Amendment Application

Town of Kiawah Island

Submit applications via email to
jtaylor@kiawahisland.org or
Town of Kiawah Island Municipal Center
Planning Department
4475 Betsy Kerrison Parkway
Kiawah Island, SC 29455
Phone 843-768-9166
Fax 843-768-4764



Property Information

[Current District]

[Requested District]

Parcel ID(s):

City/Area of County:

Street Address: Acres:

Deed Recorded: BOOK PAGE DATE

Plat Recorded: BOOK PAGE DATE

Applicant – Owner – Representative

Applicant

Mailing Address

City, State, ZIP Code

Owner (if other than applicant)

Mailing Address

City, State, ZIP Code

Representative (if other than applicant)

Mailing Address

City, State, ZIP Code

Home Phone #

Work Phone #

Cell Phone #

Home Phone #

Work Phone #

Cell Phone #

Home Phone #

Work Phone #

Cell Phone #

Certification

This application will be returned to the applicant within ten (10) business days if these items are not submitted with the application or if any are found to be inaccurate: ✓
 ✓
 ✓

Copy of Approved and Recorded Plat showing present boundaries of property
 Copy of Current Recorded Deed to the property (Owner's signature must match documentation.)

Fee \$200.00 plus \$10.00 per acre (Fees vary for Planned Developments.)

I (we) certify that _____ is the authorized representative for my (our) zoning change request. I (we) also accept the above requirements for submitting my (our) zoning change application. To the best of my (our) knowledge, all required information has been provided and all information is correct.

[Signature of Owner(s)]	[Date]
[Signature of Applicant/Representative if other than owner]	[Date]
[Planner's Signature]	[Date]
[Zoning Inspector's Signature]	[Date]

[Date]	
[Date]	
[Date]	
[Date]	

OFFICE USE ONLY

Has this parcel been cited for a zoning violation? Yes No

Have zoning change applications been submitted previously for this property?

- | | | | | | |
|-----------------|--|-------|--|----------|--|
| 1. Case Number: | | Date: | | App/Dis: | |
| 2. Case Number: | | Date: | | App/Dis: | |

Application Number: <input style="width: 90%;" type="text"/>	Date Submitted: <input style="width: 90%;" type="text"/>
Amount Received: <input style="width: 90%;" type="text"/>	Cash? <input style="width: 20%;" type="text"/> Check? <input style="width: 20%;" type="text"/>
Receipt Number: <input style="width: 90%;" type="text"/>	



Town of Kiawah Island: Land Use Planning and Zoning Ordinance

APPROVAL CRITERIA FOR CODE TEXT AND ZONING DISTRICT MAP AMENDMENTS

The Town of Kiawah Island Land Use Planning and Zoning Ordinance, Sec. 12-158.(6), Approval criteria. Text and zoning map amendments to the ordinance may be approved if the following approval criteria have been met:

- a. **The proposed amendment is consistent with the purposes and intent of the adopted Town of Kiawah Island Comprehensive Plan;**
- b. **The proposed amendment is consistent with the purposes and intent of this article;**
- c. **The purpose of the proposed amendment is to further the general health, safety and welfare of the Town of Kiawah Island;**
- d. **The proposed amendment corrects an error or inconsistency or meets the challenge of a changed condition.**