



Planning Department

PO Box 1749 • Spartanburg, SC 29304 • phone: (864) 596-2068 • email: planning@cityofspartanburg.org
website: www.cityofspartanburg.org

General Application

Name of Development: _____

Street Address: _____

Zoning District: _____ Overlay: _____ Tax Map Number: _____

Owner: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Applicant: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Agent: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Please select the activity requested / also, please attach the required Supplemental Form:

- | | |
|---|--|
| <input type="checkbox"/> Annexations | <input type="checkbox"/> Planned Development Districts (PDD) |
| <input type="checkbox"/> Special Exceptions | <input type="checkbox"/> Zoning - Conditional Use |
| <input type="checkbox"/> Zoning - Appeals | <input type="checkbox"/> Zoning - Variance |
| <input type="checkbox"/> Zoning - Map Amendment | |

Fees and Payments can be made using the Permit Number and the [City of Spartanburg Payment Portal](#).

To the best of my knowledge, the information on this application and all additional documentation is true, factual and complete. I hereby agree to abide by all conditions of any approvals granted by the City of Spartanburg. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale. I hereby authorize the staff of the Planning Department to inspect the premises of the above-described property.

Applicant / Owner Signature: _____ Date: _____

Staff Use Only / Received by: _____

Date Received: _____ **Time:** _____ **Permit Number:** _____



Planning Department

PO Box 1749 • Spartanburg, SC 29304 • phone: (864) 596-2068 • email: planning@cityofspartanburg.org
website: www.cityofspartanburg.org

SPECIAL EXCEPTION SUPPLEMENTAL APPLICATION FORM

Name of Development: _____

Location of Development: _____

City Official or Body that made the Decision: _____

Specific Special Exception Use Being Requested:

ALL OF THE FOLLOWING ITEMS MUST BE ATTACHED for this application to be complete.

- A Site Plan showing the preliminary proposed location of structures or use, access points and riparian buffer (if applicable). (Ten 11"x17" sets and one full size set, or submit on CD or email in PDF format).
- Information on traffic impact of the proposed use. Attach traffic study or SCDOT traffic counts if available.
- Written explanation on How & Why the requested special exception meets each of the criteria listed in the Zoning Ordinance Section 603.53 Special Exception Guidelines.
- Filing Fee - \$50.00

Staff Use Only / Received by: _____

Date Received: _____

Time: _____

Permit Number: _____