



# Planning Department

PO Box 1749 • Spartanburg, SC 29304 • phone: (864) 596-2068 • email: [planning@cityofspartanburg.org](mailto:planning@cityofspartanburg.org)  
website: [www.cityofspartanburg.org](http://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:** \_\_\_\_\_

## ZONING APPEALS SUPPLEMENTAL APPLICATION FORM

Name of Development: \_\_\_\_\_

Location of Development: \_\_\_\_\_

City Official or Body that made the Decision: \_\_\_\_\_

Date of the Decision you are Appealing: \_\_\_\_\_

Please summarize the Decision you are Appealing:

Please explain the Basis for your right to Appeal:

The Nature of the Appeal:

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

- A detailed narrative outlining grounds of the Appeal and citing any Zoning Ordinance section number(s) relied upon; and a statement of the specific decision requested of the Board of Zoning Appeals.
- When an Appeal is filed by an Agent for another party, that party must submit written certification consenting to the Appeal.
- Filing Fee - \$50.00

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Staff Use Only / Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

Permit Number: \_\_\_\_\_