



# TOWN OF SEABROOK ISLAND

2001 Seabrook Island Road  
Seabrook Island, SC 29455  
(843) 768-9121

## Annexation Application


*USE THIS FORM FOR: Request for annexation of  
real property into the Town limits of  
Seabrook Island*

1. PROPERTY INFORMATION			
Property Address(es)	4484 BETSY KERRISON PARKWAY, JOHNS ISLAND, SC 29455		
Tax Map Number(s)	204-00-00-010	Block #	Lot #
Current Zoning (County)	AGR - CHARLESTON COUNTY	Proposed Zoning (Town)	MU - MIXED USE
Current Use(s)	RESIDENTIAL VACANT	Proposed Use(s)	AMENITY/COMMERCIAL
Is this property subject to private restrictions or covenants? (eg. SIPOA and/or Regime)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this property subject to an OCRM critical line? (eg. Marshfront or Beachfront Lots)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total Lot Area (Acres or Ft <sup>2</sup> )	17.75 AC	High Ground (Acres or Ft <sup>2</sup> )	12.53 AC

2. PROPERTY OWNER INFORMATION			
Please provide information for all Property Owner(s). The Property Owner name(s) must match those listed on the deed.			
Property Ownership Type	<input type="checkbox"/> Individual(s)	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Eleemosynary <input type="checkbox"/> HOA/Regime
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Other
Property Owner Name(s)	BOHICKET CREEK INVESTORS LLC		
Property Owner Address	559 KING STREET, CHARLESTON, SC 29403		
Property Owner Phone Number	N/A		
Property Owner Email Address	N/A		

3. DESIGNATION OF AGENT	
If the Property Owner(s) wish(es) to designate an agent to serve on his/her/their/its behalf, please provide information for the designated Agent.	
Agent Name(s)	TODD RICHARDSON, PLA
Agent Address	69 MORRIS ST, STE 101, CHARLESTON, SC 29403
Agent Phone Number	843.203.4766
Agent Email Address	TODD@SYNCHRONICITY.DESIGN
What is the Agent's relationship to the Property Owner(s)?	LANDSCAPE ARCHITECT

4. OVERVIEW OF REQUEST
Please provide a brief overview of the annexation request.
RESPECTFULLY REQUEST THE ANNEXATION OF THE SUBJECT PARCEL FROM CHARLESTON COUNTY INTO THE TOWN OF SEABROOK ISLAND, WITH THE INTENDED FUTURE LAND USE ZONING DESIGNATION OF MU - MIXED USE.

5. CERTIFICATION	
Under penalty of perjury, I (we) hereby certify that the information contained in this application, including all supplemental materials, is true and accurate to the best of my (our) knowledge.	
Owner Signature(s)	
	Date 3/8/23
	Date

OFFICE USE ONLY						
Date Received		Status		Permit #		Issue Date

## 6. APPLICATION MATERIALS

Annexation Applications must be accompanied by the following supplemental materials, as applicable. An application is not considered “complete” until all required documentation has been received by the Zoning Administrator.

### Required for ALL applications:

- Completed and signed Annexation Application Form *(Paper Required; PDF Optional)***
  - Please submit one completed paper application.
  - The application form must be signed by ALL property owners. Properties which are owned by an association, corporation, partnership, trust or similar entity may be signed by an individual with the authority to sign on behalf of the entity.
  - All signatures must be original.
- Application Fee (See Schedule in Section 7)**
  - Application fees may be paid by cash, check, or money order (payable to “Town of Seabrook Island”). Credit card payments will be accepted if paid in-person at Seabrook Island Town Hall.
- Property survey *(Paper or PDF Required)***
- Deed of record *(Paper or PDF Required)***
- Completed and signed Zoning Map Amendment Application form, with all required submittal documents and fees *(Paper or PDF Required)***
- Any other information deemed relevant by the Zoning Administrator. *(Paper or PDF Required)***

## 7. FEE SCHEDULE

Zoning Designation for Annexed Property	Fee Amount
Conservation (CP)	No Charge
All Zoning Designations Except CP and MU	\$250.00
Mixed Use (MU)	\$1,250.00 + \$10.00 Per Acre