



TOWN OF SEABROOK ISLAND

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

Rezoning Application


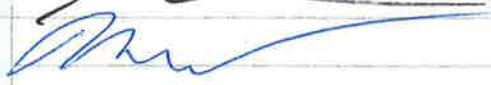
USE THIS FORM FOR: Requests to rezone property within the Town limits of Seabrook Island (Also known as a "Map Amendment")

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	AGR - CHARLESTON COUNTY	Proposed Zoning	MU - MIXED USE
Current Use(s)	RESIDENTIAL/VACANT	Proposed Use(s)	AMENITY/COMMERICAL
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 ²)	17.75 AC	High Ground (Acres or Ft ²)	12.53 AC

2. APPLICANT INFORMATION	
Please provide information regarding the individual(s) who is (are) submitting the Rezoning Application.	
Applicant Name(s)	TODD RICHARDSON, PLA
Applicant Address	69 MORRIS STREET, CHARLESTON, SC 29403
Applicant Phone Number	843.203.4766
Applicant Email Address	TODD@SYNCHRONICITY.DESIGN
If the Applicant(s) is (are) not the Property Owner(s), what is the Applicant(s)'s relationship to the Property Owner(s)?	LANDSCAPE ARCHITECT

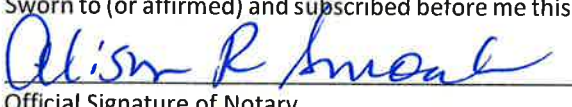
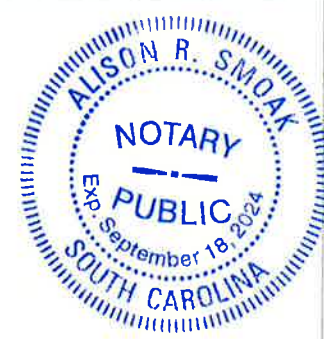
3. PROPERTY OWNER INFORMATION	
Please provide information for all Property Owner(s). The Property Owner name(s) must match those listed on the deed.	
Property Ownership Type	<input type="checkbox"/> Individual(s) <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Eleemosynary <input 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

4. OVERVIEW OF REQUEST
Please provide a brief overview of the rezoning request.
RESPECTFULLY REQUEST THE LAND USE ZONING DESIGNATION OF THE SUBJECT PARCEL TO BE 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. This form must be signed in the presence of the Zoning Administrator OR signatures must be notarized. (See Section 6)	
Applicant Signature	 Date 3.08.23
Owner Signature(s) (If different from Applicant)	 Date 3/8/23
	Date

OFFICE USE ONLY							
Date Received		Case #		Ordinance #		Adopted	

6. ACKNOWLEDGEMENT

Zoning Administrator Signature	Date
- OR -	
Notary Certification (If not signed in the presence of the Zoning Administrator)	Notary's Official Seal
State of <u>South Carolina</u> ; County of <u>Charleston</u> One this <u>8</u> day of <u>March</u> 20 <u>23</u> , before me personally appeared the above signers who provided satisfactory evidence of his/her/their identification to be the person whose name(s) is (are) subscribed to this instrument and he/she/they acknowledged that he/she/they have executed the foregoing instrument by his/her/their signature(s) above. Sworn to (or affirmed) and subscribed before me this <u>8</u> day of <u>March</u> 20 <u>23</u> .  Official Signature of Notary My commission expires: <u>September 18, 2024</u>	

7. APPLICATION MATERIALS

Rezoning 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 Rezoning Application Form (Paper Required; PDF Optional)**
 - o Please submit one completed paper application.
 - o 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.
 - o The form must be signed in the presence of the Zoning Administrator or signatures must be notarized.
- Application Fee (See Schedule in Section 7)**
 - o 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.
- A narrative that explains the reason(s) for the rezoning request, the existing zoning designation of the property, the current or most recent use, the proposed zoning designation of the property, the intended use of the property upon rezoning, and how the request meets the criteria outlined in DSO Section 19.3.B (Paper or PDF Required)**
- Property survey (Paper or PDF Required)**
- A map or description detailing the existing zoning designation and land uses of all adjacent properties. (Paper or PDF Required)**
- Deed of record (Paper or PDF Required)**
- Traffic impact analysis (if deemed applicable by the Zoning Administrator). (Paper or PDF Required)**
- Any other information deemed relevant by the Zoning Administrator. (Paper or PDF Required)**

8. 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