

Rezoning Application

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Zoning Map Amendment (Rezoning) Application

Error: Your application is not valid, please fix the errors!

Applicant Information

First Name

Todd

Last Name

Richardson

Street Address *

69 Morris Street

Apartment, suite, etc

Suite 101

City

Charleston

State/Province

South Carolina

ZIP / Postal Code

29403

Phone *

+1 843 203 4766

Staff

- Tim Shiner

Chief Building Official/Fire Marshal

843-259-0369
- Jamie Baker

Deputy Building Official

854-206-7181
- Bobbi Jo Seabrook

Permitting Clerk

843-719-7914
- Justin Westbrook

Community Development Director

843-719-7913

Forms

- Zoning Map Amendment (Rezoning) Application

online form
- Special Event Application

online form
- Tree Removal Application

online form
- Variance Application

online form
- Zoning Verification Letter

online form
- Administrative Review (Appeal) Application

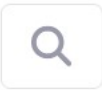
Download
- Demolition Assistance Application

Download
- Public Office Application

online form
- 100% Acquisition Application

online form





Email Address *

todd@synchronicity.design

- 100% Annexation Application online form
- Variance Application online form
- Special Exception Application online form

Property Owner Information

If different than the applicant.

Name

Chris Young - STYO Development LLC

Phone

+1 843 367 6755

Email Address

cyoung0479@outlook.com

Street Address

2001 Helm Avenue

Apartment, suite, etc

City

North Charleston

State/Province

South Carolina

ZIP / Postal Code

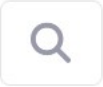
29405

Subject Parcel

TMS Number *

162-00-01-017





Current Zoning *

PD Planned Development

Requested Zoning *

PD Planned Development

Current Use of Property *

Undeveloped

Proposed Use of Property *

Mixed-Use Planned Development

Has any application involving this property been previously considered by the Moncks Corner Planning Commission or Board of Zoning Appeals? If yes, please state details.

No

Consent *

☒ I (we) certify that I (we) are the free holder(s) of the property(s) involved in this application and further that I (we) designate the person signing as applicant to represent me (us) in this rezoning.

Signature *



Date *

 05/20/2025

Submit Application

