

Office Use Only:

Application #:

Payment Method: Cash ☐ Check ☐ Credit Card ☐ Amount \$ _____ Date Paid _____

Zoning Application

Note: Application will not be considered until all required submittal components listed have been completed

Applicant's Name: Nisbet Partners, LLC. and Nisbet Land Partners, LLC _____ Phone: (803) 699-1325 _____

Applicant's Mailing Address: 1556 Main St., Ste 300, Columbia, SC 29201 _____

Property Information:

Property Location: 12243, 12245, and 12345 Nations Fords Rd., Pineville, NC 28134 _____

Property Owner's Mailing Address: 1556 Main St., Ste 300, Columbia, SC 29201 _____

Property Owner Name: Nisbet Partners, LLC. and Nisbet Land Partners, LLC _____ Phone: 803-699-1325 _____

Tax Map and Parcel Number: 20504123, 20504126, 20504113, 20504112 _____ Existing Zoning: G-I _____

Which are you applying (Check all that apply):

Rezoning by Right ☐ Conditional Zoning ☒ Conditional Rezoning ☐ Text Amendment ☐

Fill out section(s) that apply:

Rezoning by Right:

Proposed Rezoning Designation N/A _____

Conditional Zoning:

Proposed Conditional Use Greater than one (1) acre of outdoor storage _____

Acreage approx. 2.5-3 _____ Square Feet _____ Approximate Height 10' or less _____ # of Rooms _____

Parking Spaces Required _____ Parking Spaces Provided _____ ****Please Attach Site Specific Conditional Plan**

Conditional Rezoning:

Proposed Conditional Rezoning Designation N/A _____

Text Amendment:

Section N/A _____ Reason _____

Proposed Text Change (Attach if needed) _____

I do hereby certify that all information which I have provided for this application is, to the best of my knowledge, correct.


Signature of Applicant


Date

Signature of Property Owner (If not Applicant)

Date

Signature of Town Official

Date