

CITY OF SIMPSONVILLE ANNEXATION APPLICATION

SITE/PROPERTY LOCATION:		
Property Address:	Tax Map Number:	
APPLICANT:		
Mailing Address:	City, State, Zip:	
Phone Number:	E-mail Address:	
PROPERTY OWNER (if different from A	Applicant):	
Mailing Address:	City, State, Zip:	
Phone Number:	E-mail Address:	
	Current	Requested
Zoning District:		
"Future Land Use Map" Designation:		
Project Description (be specific):		
No. of Parcels:	_ Acreage of Parcel(s):	
	from Property Owner (if application is no cplaining your request in detail ary Map – 1 printed copy/1 PDF copy	ot signed by property owner)
*Staff reserves the right to request additional infor		
The undersigned property owner/applicant do incorporate into the City limits of the City of application and as show on the attached surve the City annex and incorporate this land into the I do hereby certify as property owner/authorizes.	Simpsonville all that property of the petitey/boundary map. The petitioner does furthe City under the zoning classification in	tioner as indicated in this rther respectfully request that indicated in this application.
attached forms and/or plans is correct.	ett agent mat the information shown on t	лів аррисацоп анс ану
Signature	Printed Name	Date
FC	OR CITY STAFF USE ONLY	
Date Received: By:	Docket #:	Zoning District:
Comments:		CC Review:
	☐ APPROVED (☐ wit)	h conditions)