

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	n Applicant):	
Mailing Address:		
Phone Number:	E-mail Address:	
	Current	Requested
Zoning District:		
"Future Land Use Map" Designation:		
Project Description (be specific):		
<u></u>		
No. of Parcels:	Acreage of Parcel(s):	
☐ Cover Letter	er from Property Owner (if application is explaining your request in detail dary Map – 1 printed copy/1 PDF copy	not signed by property owner)
*Staff reserves the right to request additional inf		
The undersigned property owner/applicant of incorporate into the City limits of the City of application and as show on the attached sur the City annex and incorporate this land into	of Simpsonville all that property of the pevey/boundary map. The petitioner does f	etitioner as indicated in this further respectfully request that
I do hereby certify as property owner/autho attached forms and/or plans is correct	-	
I do hereby certify as property owner/autho	-	
I do hereby certify as property owner/autho attached forms and/or plans is correct	rized agent that the information shown or	n this application and any
I do hereby certify as property owner/autho attached forms and/or plans is correct	Printed Name FOR CITY STAFF USE ONLY	n this application and any
I do hereby certify as property owner/autho attached forms and/or plans is correct	Printed Name FOR CITY STAFF USE ONLY Docket #:	n this application and any Date