

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 Appli	icant):	
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):	
<u>*</u>	Property Owner (if application is no ning your request in detail Iap – 1 printed copy/1 PDF copy	ot signed by property owner)
*Staff reserves the right to request additional information	= = = = = = = = = = = = = = = = = = = =	
The undersigned property owner/applicant does he incorporate into the City limits of the City of Simp application and as show on the attached survey/bo the City annex and incorporate this land into the CI do hereby certify as property owner/authorized a	psonville all that property of the peti bundary map. The petitioner does fur City under the zoning classification in	itioner as indicated in this arther respectfully request that indicated in this application.
attached forms and/or plans is correct.		
Signature	Printed Name	Date
FOR C	ITY STAFF USE ONLY	
Date Received: By:	Docket #:	Zoning District:
Comments:	PC Review:	CC Review:
	☐ APPROVED (☐ wit	th conditions)