



APPLICATION FOR ZONING RECLASSIFICATION

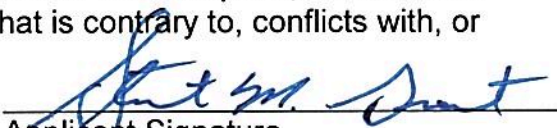
Date: 10/31/2023 Fee: \$150
Name of Applicant: Carlyle Development, LLC (Stuart Grant) Phone: (302) 528-1200
Mailing Address: 11 Summit Lane, Greenville, DE 19807
Name of Owner (if different from Applicant): _____
Mailing Address: _____
Location of Property: Battleship Road & Carter Street, Camden, SC
Tax Map #: C270-00-00-013 & C270-15-00-003
Present Zoning Classification: R-15
Requested Zoning Classification: MPD
Reason for Request: Property is part of an overall proposed development being annexed and zoned MPD to provide a mix of residential products in different price ranges to meet the current demand of the market.

Designation of Agent (if owner is not applicant):

I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this request for rezoning.

Owner(s) Signature(s)

I certify that the information in this request is accurate and complete, and that this property is not subject to a recorded covenant that is contrary to, conflicts with, or prohibits this subdivision.


Applicant Signature

Office Use Only

Adjacent Properties: _____
Ad to Newspaper: _____ Public hearing: _____
Date ad ran in newspaper: _____ 1st reading by City Council: _____
Property posted: _____ 2nd reading by City Council: _____
Adjacent property owners notified: _____