

Development Services - Permit Application Center

P.O. Box 11706, or 155 Johnston Street
Rock Hill, South Carolina 29731-1706
Phone: 803-329-7080 or 803-329-7089
FAX: 803-329-7228 -- website: www.cityofrockhill.com



APPLICATION FOR MUNICIPAL ANNEXATION

Submittal Date: 12/21/2009 Requested Annexation Process [] 100% [] 75% [] 25%

General Annexation Location _____

Tax Parcel #'s [10 digit] 634-00-00-023, -024, & -025

Property Owner[s] EVERINE P. BROOKS [Attach list, if needed]

Annexation applications for portions of single parcels will not be processed. Prior to submitting your application, you will need to undergo a York County subdivision process & submit a copy of the recorded subdivision document with the annexation application (if applicable).

Existing County Land Use Classification (if known) _____

County Zoning District: RC-1 Total Acreage to be Annexed 1.28 Vacant? YES *

IF NOT Vacant – Describe any existing buildings by Square Footage and Use: [SF] Single Family, [MF] Multifamily [CO] Commercial/Institutional, or [IN] Industrial: _____

IN PROCESS OF BUILDING RESIDENCE

Requested City of Rock Hill Zoning District SF-3 [Requests for City zoning districts other than SF-2 are required to undergo a City rezoning pursuant to Rock Hill Zoning Ordinance Section 2-300(A)].

Required Attachments: Please submit:

- § Letter of Intent (reason for annexation)
- § Summary of Future Development Plans (if applicable)
- § Recorded County Subdivision Document (if applicable)
- § Map of Proposed Annexation Area § Copy of Property Deed or Plat Map
- § Legal Description
- § Completed Rezoning Application (if applicable)
- § Signature Authority Documentation (if not sole owner)*

Contact Information

Primary: EVERINE P. BROOKS

Printed name of Owner/applicant
2215 OAKWOOD CIR (BURTON ST)

Mailing address
ROCK HILL, SC 29130

City, state, zip
803.366.4884

Tel number / fax number / e-mail
Everine P Brooks

Signature of Owner/applicant*

Secondary: LUTHER BROOKS

Printed Name of Owner Representative
SAME

Mailing address _____

City, state, zip
704.309.1874 -car

Tel number / fax number / e-mail
Luther Brooks

Signature of Owner Representative*

Checklist/Process for 100 PERCENT ANNEXATION PROCESS

1. SUBMITTAL OF THIS COMPLETE ANNEXATION APPLICATION [with attachments]
2. SUBMITTAL OF COMPLETE REZONING APPLICATION [If Rezoning Needed]

JANUARY 4, 2010

TO WHOM IT MAY CONCERN:

I HEREBY GRANT PERMISSION TO LUTHER BROOKS TO SIGN MY NAME

TO ANY AND ALL DOCUMENTS WHICH REQUIRE MY SIGNATURE.

Everine P Brooks

EVERINE P. BROOKS

Emily Gilbert
WITNESS

Crystal McClanahan
WITNESS

Mike Brooks

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ZONING MAP AMENDMENT: Sections 2-200 and 2-300 of the Zoning Code establish the requirements and processes for amending the Official Zoning Map.

An application for rezoning may be submitted by the land owner, or any other person having a recognized interest in the land upon which the rezoning is proposed, or their authorized agent. If the applicant is not the owner, the owner must sign a consent to the submission. If there are multiple owners, a letter [or attachment] signed by the other owners or an entity representing the owners consenting to or joining in the application shall be submitted.

A pre-application conference with appropriate City staff is required prior to the submission of a Zoning Map Amendment application. Contact the Permit Application Center, above.

Application Information: Please complete the following:

NAME: Everine P. Brooks
ADDRESS # 2215 St: Burton St. CITY/ST/ZIP: Rock Hill, SC 29730
PHONE: 803.366.4884 FAX: _____ EMAIL: _____
PROPERTY ADDRESS # St: 1326 & 1334 Burton St and un-addressed lot fronting Grace St.
TAX PARCEL[s]: 634-00-00-023 : 634-00-00-024 : 634-00-00-025 : :

OWNER [if different] _____
Current Zoning: RC-1 (County) Requested Zoning: SF-3

Area of subject property: 1.88 acres _____ acres and/or _____ square feet

BRIEF DESCRIPTION OF Request [refer to the zoning code, when applicable]:

Annex in order to gain access to City water & sewer for a new single family residence on parcel 634-00-00-023.

****Please review the attached CHECKLIST for additional information on fees, required supporting information, and timetables.**

FOR OFFICE USE ONLY: Case #: _____ Date Filed: _____ Rec'd by: _____
<input type="checkbox"/> Pre-App? <input type="checkbox"/> Request Complete? <input type="checkbox"/> Additional Information Requested/Date: _____
Comment: _____
<input type="checkbox"/> Request Returned? Date: _____ <input type="checkbox"/> Action: by: _____
Date Advertised : _____ Date Posted: _____ <input type="checkbox"/> Written Notice? Date: _____
PC Date: _____ CC Date: _____ Final Date: _____ <input type="checkbox"/> Legal ad filed?
Action: _____
<input type="checkbox"/> Written Response By: _____ Date: _____

ZONING Map Amendment - Rezoning Checklist

BACKGROUND: Applications will be accepted to amend any City of Rock Hill zoning designation (see Articles 3 and 4 of the Zoning Code for standards), *except the following*, which have been declared obsolete and may not be created on the map: Mobile Home Park (MHP); General Commercial (GC); Neighborhood Mixed Use (NMU).

APPLICATION FEES: The appropriate fee must be included with the application. Please make checks payable to the "City of Rock Hill."

- For the first lot of record or first two acres, whichever is smaller in area \$300
- For each additional lot of record or acre, whichever is smaller in area \$50
- Planned Developments (all applications) \$1,000

The maximum fee for a rezoning application shall not exceed \$1,000.

REQUIRED INFORMATION:

1. Does the Applicant solely own all of the property within the rezoning proposal?
 - a. Yes. If so, provide proof of ownership (copy of deed).
 - b. No. If so, attach information on property **NOT** solely owned by the applicant and provide letter of consent from owner(s).
2. Are there any recorded deed restrictions or restrictive covenants that apply to this property that are contrary to, conflict with, or prohibit the permitted activity being requested.
 - a. Yes.
 - b. No. [Attested by Owner: _____]
3. Is this property proposed for annexation into the City of Rock Hill?
 - a. Yes. If so, please complete Annexation Request Form and submit along with this application.
 - b. No, Already in City.
4. If requesting historic designation via the YH overlay, attach Local Register nomination application.
5. **Signature of Applicants/Owners:** The undersigned hereby respectfully requests that the Official Zoning Map of the City of Rock Hill be amended as described herein. It is also understood by the undersigned that, while this application will be carefully reviewed and considered, the burden of proving the need for the proposed amendment rests with the applicant. [If more than one owner/applicant, attached a page with additional signature information].

Signed : See Annexation Application Date 12/21/09

Printed Name: _____

Additional Owners

Other Attachments: _____