

PROPOSED
ZONING AMENDMENT

City of Forest Acres

SOUTH CAROLINA 29206

Application No _____ Date Received _____ Fee Paid _____

To The Honorable Mayor and City Council:

The undersigned hereby respectfully requests that the CITY OF FOREST ACRES Zoning Ordinance be amended as described below:

- (1) This is a request for a change in the : (check one)
 Zoning Map (fill in items #2, 3,4,5, and 8 only)
 Zoning Text (fill in items #6 and 8 only)
 Zoning schedule of District Regulations (fill in items #7 and 8 only)
- (2) Give either exact address, or tax map reference for property for which you propose a zoning change: 14014-06-19, 14013-02-16, 14013-02-17, 14013-02-01, 14014-06-60, Parcel "A" on
attached plats is an easement / right-of-way with no address or tax map number.

- (3) How is this property presently zoned? (check one) R-1 R-1a R-2 R-3
C-1 C-2 Ca C-3 C-4 P-1 P-2 PDD

- (4) What new zoning do you propose for this property? (check one) R-1 Ra R-2
R-3 C-1 C-2 C-2a C-3 C-4 P-1 P-2 PDD

* UNDER ITEM #8 EXPLAIN WHY THIS AREA SHOULD BE ZONED AS YOU PROPOSE

- (5) Does the applicant own any of the property proposed for this zoning change?
 YES NO. IF YES, give address of the property involved which he owns.

- (6) If this involves a change in the Zoning Text, what section or sections will be affected?
Section (s) _____

* SHOW PROPOSED CHANGE AND THE REASONS THEREFOR UNDER ITEM # 8

- (7) If this involves a change in the Schedule of District Regulations, what Column (s)
District _____

* SHOW PROPOSED CHANGE AND THE REASONS THEREFOR UNDER ITEM #8

- Rezoning of the six (6) parcels to PDD will allow the recombination, consolidation and
(8) Explanation: development of the site as a unified whole, with housing of different types and density,
preservation of natural areas and utilization of open space, buffering, screening and
circulation design to create a pedestrian friendly live, work, play environment.
(if more space is needed, use a blank sheet of paper and attach)

It is 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.

Date 11.23, 19 2015
Phone 843-277

Signed by Med Miller
Address _____



Rezoning Application
City of Forest Acres, SC

Application No. _____ Tax Map Parcel No. _____

Type of Application

___ Annexation ___ Site Plan ___ City Services X Rezoning ___ Landscaping Plan ___ Other
___ Conceptual Plan

Applicant

Name Ned Miller, Development Manager, The Beach Company
Mailing Address P.O. Box 242, Charleston, SC Zip 29402
Phone 843-277-3052 Fax _____ E-Mail nmiller@thebeachcompany.com
Interest if other than owner Contract holder

Property Owner

Name Bishop of Charleston
Mailing Address 901 Orange Grove Rd, Charleston, SC Zip 29407
Phone 843-261-0823 Fax _____ E-Mail rfowler@catholic-doc.org

Main Contact (if different from applicant)

Name _____
Mailing Address _____ Zip _____
Phone _____ Fax _____ E-Mail _____

Subject Property

Project Name Cardinal Newman School
Address or location 1701 Forest Acreage 12.47
Zone P-2 Existing Use School Proposed Use PDD - mixed - use

Are there restrictive covenants that would prohibit the proposed use of the property? No
If you replied yes, please attach a certified copy of the restrictive covenants to this application.

I certify by my signature that this application is accurate and complete.

Signature Ned Miller Date 11.23.15

Print or type name Ned Miller Title Dev. Manager

Attach the name, address, and telephone number of anyone other than the applicant, owner and plan/plat preparer who should receive copies of correspondence or be contacted if additional information is needed.

Comments: _____

