



City of Columbia APPLICATION to AMEND THE ZONING ORDINANCE

OFFICE USE ONLY: Date Received _____ By _____

1) APPLICANT (Please Print)

Name:		Company:	
Tel. #:		Fax#:	
Mobile #:		E-mail:	

Do you own any of the property affected by this application? YES NO; If NO, provide Letter of Agency

2) THIS APPLICATION IS FOR (Check all that apply)

REZONING (MAP and/or PUD AMENDMENT)

From:		To:	
For PUD Amendment (Check one below)			
<input type="radio"/> Minor Amendment		<input type="radio"/> Major Amendment	

PROPERTY INFORMATION

Address:			
TMS#:		Total Acreage:	
Current Use:		Proposed Use:	
Current Zoning:			

TEXT AMENDMENT

List affected code section(s):	
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3) DETAILED PROJECT DESCRIPTION: (Attach additional paper if you need more space)

4) NEIGHBORHOOD CONSULTATION

Prior to the Planning Commission meeting, meet with the adjacent neighbors or neighborhood association to communicate details of the proposed project. Please note that this informational meeting is not required by ordinance, but is *strongly* encouraged. Contact information may be obtained from Zoning staff.

5) SIGNATURE

Applicant Signature:	
Print Name:	
Date:	

PC Date: _____
 ZPH Date: _____

Action: _____
 1st Reading Date: _____
 2nd Reading Date: _____

Action: _____
 Action: _____



CHECK LIST FOR PLANNED UNIT DEVELOPMENT

This summary of requirements is provided to you as a courtesy and in no way supersedes the list of required information outlined within §17-305 of the Zoning Ordinance. The Zoning Division will provide a copy of §17-305 to you upon request. Note that this information is the minimum necessary and, based upon the project scope and characteristics, other information, such as traffic studies, may be required.

PLEASE PRINT!

Applicant Name: _____

Applicant Telephone #: _____

Contact Name: _____

Contact Telephone #: _____

Project Address: _____

TMS#: _____

Submit the information denoted below to the Zoning Division by the deadline listed on the *Planning Commission Calendar of Public Meetings*. All information is required unless checked and initialed by Development Services staff.

Staff will place your item on the next-available Planning Commission agenda only if the application is complete!

Provided	Not Provided	# of Copies	Size Required	SUBMITTAL ITEM
<input type="checkbox"/>	<input type="checkbox"/>	1	8 ½" x 11"	APPLICATION FOR PLANNED UNIT DEVELOPMENT
<input type="checkbox"/>	<input type="checkbox"/>	13	8 ½" x 11"	DESCRIPTIVE STATEMENT • See Handout for Requirements
<input type="checkbox"/>	<input type="checkbox"/>	13	18" x 24" min.	EXISTING SITE PLAN OR PLAT OF SURVEY <i>To Scale and Fully Dimensioned</i>
<input type="checkbox"/>	<input type="checkbox"/>	1	8 ½" x 11"	
<input type="checkbox"/>	<input type="checkbox"/>	13	18" x 24" min.	PROPOSED SITE PLAN • To Scale and Fully Dimensioned <input type="checkbox"/> Total Acreage; <input type="checkbox"/> Location of Lots and Outlots (Numbered and Area in Square Feet); <input type="checkbox"/> Location of Buildings (including Setbacks from Property Lines and Distances between Buildings); <input type="checkbox"/> Location of Parking and Access/Driveways; <input type="checkbox"/> Location of Rights-of-Way and/or Easements for Streets, Railroads, and Utility Lines Upon and Abutting Subject Property; <input type="checkbox"/> Location of Streets, Alleys, Railroads, and Utility Lines Upon and Abutting Subject Property;
<input type="checkbox"/>	<input type="checkbox"/>	1	8 ½" x 11"	<input type="checkbox"/> Location of Lakes, Rivers, Streams, Swamps/Wetlands, Other Bodies of Water, and 100-year Floodplain and Floodway; <input type="checkbox"/> Location of Signage; <input type="checkbox"/> Topography by Contours (at Vertical Intervals of Not More Than 5 Feet); <input type="checkbox"/> Stamp of Registered Surveyor, Engineer, and/or Architect; <input type="checkbox"/> North Arrow; <input type="checkbox"/> Scale; <input type="checkbox"/> Vicinity Map (at 1 inch equals 1,000 feet).

- SEE NEXT PAGE -

<input type="checkbox"/>	<input type="checkbox"/>	4	18" x 24" min.	<p align="center">BUILDING ELEVATIONS • To Scale and Fully Dimensioned</p> <p>Please note that, while this item is not a listed requirement within the Zoning Ordinance, the Ordinance permits the Planning Commission to ask for additional documentation that they feel necessary to make an informed decision, and elevations are always requested.</p>
<input type="checkbox"/>	<input type="checkbox"/>	1	8 1/2" x 11"	
<input type="checkbox"/>	<input type="checkbox"/>	3	18" x 24" min.	<p align="center">LANDSCAPE PLAN</p> <p>Please note that, while this item is not a listed requirement within the Zoning Ordinance, the Ordinance permits the Planning Commission to ask for additional documentation that they feel necessary to make an informed decision, and a landscape plan is always requested. You may contact Nancy Lee Trihey at (803) 545-3218 to review your landscape plan prior to the pre-application conference.</p>
<input type="checkbox"/>	<input type="checkbox"/>	1	8 1/2" x 11"	
<input type="checkbox"/>	<input type="checkbox"/>	1	18" x 24" min.	<p align="center">EXISTING TREE INVENTORY</p> <p>Please note that, while this item is not a listed requirement within the Zoning Ordinance, the Ordinance permits the Planning Commission to ask for additional documentation that they feel necessary to make an informed decision, and an existing tree inventory is always requested. You may contact Nancy Lee Trihey at (803) 545-3218 to review your tree inventory prior to the pre-application conference.</p>
<input type="checkbox"/>	<input type="checkbox"/>	1	8 1/2" x 11"	

CONFIRMATION OF THE PROVISION OF REQUIRED INFORMATION AND APPEARANCE AT THE PLANNING COMMISSION

I, _____ (the named applicant above), hereby attest that I have provided to staff all information listed above and as required within §17-305 of the Zoning Ordinance of the City of Columbia. I understand that the Planning Commission reserves the right to require additional information that it deems reasonably appropriate. Further, I understand that my Application for Map Amendment will be on the Planning Commission’s agenda for _____ (date of Planning Commission meeting **TO BE ENTERED BY STAFF**) and that I should attend. I understand that this meeting starts at 5:15 p.m. at the City Council Chambers, 1737 Main Street.

SIGNATURE of Named Applicant Above: _____
 Date: _____



CHECKLIST FOR PUD DESCRIPTIVE STATEMENT

One of the requirements for a Planned Unit Development is the submittal of a Descriptive Statement. This statement is intended to lay the regulatory framework for the development. For this reason, language in this statement should be limited to information indicating the characteristics and standards to be followed in developing the PUD. The following is offered as a guide to what information needs to be included in this Descriptive Statement. If you wish to include information about the nature of your project, the area, the history of your company or design team, please do so in a document separate from the Descriptive Statement.

Applicant Name: _____

Applicant Telephone #: _____

Contact Name: _____

Contact Telephone #: _____

Project Address/TMS#: _____

Address each of the following areas in your Descriptive Statement

- Legal Description of Proposed Development Boundaries
- Total Number of Acres in the Development Area
- Number of Acres (or square feet) Devoted to Residential, Commercial, Industrial and Other Nonresidential Uses
- Amount of Commercial Space (sq. ft.); Industrial Space (sq. ft.); Nonresidential Space (sq. ft.)
- Number, Type, and Bedroom Count of Dwelling Units
- Number of Off-Street Parking and Loading Spaces Attributed to Each Use, Building, and/or Facility
- If Commercial Development is Proposed, Indication of Economic Feasibility and Justification for Size of Facilities
- Description of Open Space to Include Size, Proposed Uses, Ownership, and Maintenance (If applicable)
- Description of Homeowners' Association or Group Maintenance/Ownership Features Including Procedures and Operation (If applicable)
- An Outline Of Development Phasing Indicating the Timing of Development of All Proposed Facilities (If applicable)
- Bulk Restrictions (Per Lot or Group of Lots)
 - Minimum Lot Width
 - Minimum Lot Area
 - Building Setbacks (Front, Secondary Front, Side, and Rear; for Principal and Accessory Uses)
 - Height (Principal and Accessory Uses)
 - Building Lot Coverage
- Requested Relief from Zoning Ordinance
- Design Standards and/or Administrative Procedures (If applicable)
- Which Established Zoning District Regulations Would Prevail if the PUD Were Silent.



LETTER OF AGENCY BOARDS AND COMMISSIONS

TO: Planning and Development Services, City of Columbia

I, the undersigned property owner, do hereby attest that I am the person that holds, or I am authorized on behalf of the party that holds, fee simple interest in the following parcel(s):

COMMON STREET ADDRESS(ES): _____

TAX MAP NUMBER(S): _____

Further, I hereby authorize the persons and/or entities listed as AUTHORIZED AGENT(S) below to act on my behalf for the purpose of submitting documents, amending documents, meeting with staff, attending public meetings and hearings, and as otherwise may be necessary and proper to fulfill the required steps to request the following:

1. Variance, Special Exception, and/or Administrative Appeal (Board of Zoning Appeals)
2. Zoning Map Amendment (Planning Commission and City Council, if applicable)
3. Site Plan Review (Planning Commission or D/DRC)
4. Design Review (D/DRC)
5. Minor Subdivision (Staff)
6. Major Subdivision (Planning Commission)

***Please strike-through and initial any of the above-listed steps that do not fall under the scope of this Letter of Agency*

Name, Company/Firm, Telephone Number

AUTHORIZED AGENT(S): _____

Please note that the Authorized Agent(s) will be the designated contact for all correspondence related to the above-listed steps

SIGNATURE OF PROPERTY OWNER: _____ DATE: _____
PROPERTY OWNER NAME (PRINTED): _____

WITNESS TO SIGNATURE: _____ DATE: _____
WITNESS NAME (PRINTED): _____



FEE SCHEDULE for ZONING APPLICATIONS

ZONING PERMITS

	<u>COST</u>
SINGLE FAMILY RESIDENTIAL (UNDER \$10,000)	\$5.00
SINGLE FAMILY RESIDENTIAL (OVER \$10,000)	\$10.00
MULTI-FAMILY	\$10.00
COMMERCIAL (UNDER \$50,000)	\$10.00
COMMERCIAL (OVER \$50,000)	\$10.00 + \$1.00 FOR EACH ADDITIONAL \$50,000

REQUESTS

BOARD OF ZONING APPEALS (VARIANCES, SPECIAL EXCEPTIONS, AND ADMINISTRATIVE APPEAL)

	<u>COST</u>
RESIDENTIAL	\$50.00
COMMERCIAL (UNDER \$50,000)	\$75.00
COMMERCIAL (OVER \$50,000)	\$125.00
LANDMARKS COMMISSION	\$25.00
REQUESTS FOR RECONSIDERATION	½ ORIGINAL FEE

REZONINGS

	<u>S.F. TO S.F.</u>	<u>OTHER</u>
FIRST LOT (LESS THAN 2 ACRES)	\$100.00	\$200.00
FIRST LOT (MORE THAN 2 ACRES)	\$125.00	\$250.00
EACH ADDITIONAL LOT OR ACRE	\$25.00	\$50.00

SUBDIVISIONS

	<u>PRELIMINARY PLATS</u>	<u>FINAL PLATS</u>
1-25 LOTS	\$75.00	\$37.50
26-50 LOTS	\$75.00 + \$3.00	\$37.50 + \$1.50
51-100 LOTS	\$150.00 + \$2.00	\$75.00 + \$1.00
101 AND UP	\$250.00 + \$1.00	\$100.00 + \$.50.

EXEMPTED PLATS

EXISTING LOT OF RECORD (MEANING NO CHANGES ON PLAT)	\$5.00
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RESIDENTIAL GROUP DEVELOPMENT PLAN REVIEW FEE

1-25 UNITS	\$75.00
26-50 UNITS	\$75.00 + \$3.00
51-100 UNITS	\$150.00 + \$1.00
101 AND UP	\$250.00 + \$1.00

COMMERCIAL/INDUSTRIAL DEVELOPMENT PLAN REVIEW FEE

10,000 SQ. FT. TO 50,000 SQ. FT.	\$50.00 FOR FIRST 10,000 SQ. FT., + \$7.50 FOR EACH ADDITIONAL 10,000 SQ. FT.
50,000 SQ. FT. TO 100,000 SQ. FT.	\$100.00
100,000 SQ. FT. OR MORE	\$100.00 FOR FIRST 100,000 SQ. FT., + \$15.00 FOR EACH ADDITIONAL 10,000 SQ. FT.