**TOWN OF ATLANTIC BEACH REZONING PROCEDURES**

1. **Application:** All rezoning applications must be submitted in person to the Town of Atlantic Beach Administrator at Town Hall, 717 Atlantic St, Atlantic Beach, SC 29582 or mailed to P.O. Box 5285, North Myrtle Beach, SC 29597. Digital copies may be accepted with prior approval of the Town Administrator.
2. **Application Fees:** The standard rezoning fee is $550, plus noticing costs, and PDD/PDD Amendments are $950 (per Ord 2-2022). All rezoning fees must be submitted in person. Required fees shall be made payable to the “Town of Atlantic Beach.” Any applicant who has paid an appropriate fee pursuant to the submission of an application, but who chooses to withdraw such application prior to any review or action taken, shall be entitled to a refund of fifty (50) percent of the total amount paid upon written request to the Administrator.
3. **Application Check-In Conference.** Application check-in conferences are mandatory for all rezoning requests in order to determine whether the application meets minimum completeness requirements for acceptance. The check-in conference shall be made by appointment with the Administrator.
4. **Application Deadline.** All applications shall be completed, have successfully gone through the check-in conference, and submitted to the Administrator 45 days prior to the Planning Commission meeting date.
5. **Complete Application Required.** A complete application must meet the requirements of the Town of Atlantic Beach Land Management Ordinance. The Administrator shall have fifteen (15) working days to review the application materials to confirm that all required items have been submitted. If incomplete, the Administrator shall inform the applicant in writing within the fifteen (15) day period, specifying reasons for which the application is insufficient. The applicant shall have sixty (60) days during which to provide the requested materials and complete the application. Thereafter, the application shall be voided.
6. **Planned Development and Flexible Design Districts:** In addition to the requirements of the standard rezoning application, Planned Development Districts (PDD) must meet the requirements of *Chapter 3. Article IV. Division 4* and Flexible Design Districts must meet the requirements of *Chapter 3. Article IV. Division 5* of the Land Management Ordinance.
7. **Planning Commission Review:** A public hearing is held the third Thursday of each month by the Planning Commission to consider each rezoning request. The Planning Commission makes a recommendation as to whether the property should be rezoned. Their recommendation is then forwarded to the Town Council for action.
8. **Town Council Review:** Town Council holds two readings for each rezoning request following the Planning Commission recommendation. Town Council’s second (2nd) reading of the request is generally a public hearing where public input is accepted.
9. **Resubmission of Applications.** In the event that an application is denied or disapproved by the Town Council, an application for the same request shall not be refiled for one (1) year from the advertised public hearing date. The Administrator upon petition by the applicant, may permit a re­filing of said application after six (6) months from the original public hearing date upon a determination that significant physical, economic, or land use changes have taken place on the subject tract or within the immediate vicinity. The governing body may waive the time period for refiling where a significant text amendment to the Land Management Ordinance affecting the application has been adopted.

**TOWN OF ATLANTIC BEACH**

# 2022-2023 REZONING Submittal Deadlines and Meeting Schedule

The Planning Commission is scheduled to meet on the third Thursday of each month at \_\_\_\_\_\_ at 1:00 pm. These meetings are open to the public. These meetings are subject to cancellation should there be no business to conduct.

Rezoning Applications shall be submitted at least 45 calendar days prior to the Planning Commission Public Hearing to allow for a formal staff review and to provide adequate public notice.

|  |  |  |
| --- | --- | --- |
| **Month** | **Submission Deadline** | **Planning Commission Meeting** |
| **January 2023** | December 5, 2022 | January 19, 2023 |
| **February 2023** | January 9, 2023 | February 23, 2023 |
| **March 2023** | February 6, 2023 | March 23, 2023 |
| **April 2023** | March 6, 2023 | April 20, 2023 |
| **May 2023** | April 10, 2023 | May 25, 2023 |
| **June 2023** | May 9, 2023 | June 22, 2023 |
| **July 2023** | June 5, 2023 | July 20, 2023 |
| **August 2023** | July 10, 2023 | August 24, 2023 |
| **September 2023** | August 7, 2023 | September 21, 2023 |
| **October 2023** | September 1, 2023 | October 19, 2023 |
| **November 2023** | October 2, 2023 | November 16, 2023 (a week prior due to Thanksgiving holiday) |
| **December 2023** | November 6, 2023 | December 21 |

Case Number:

**TOWN OF ATLANTIC BEACH REZONING APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| (PIN) Parcel ID |   |   |   |
| Number/s Area in ft² or acres  |   |   |   |
| Describe the proposed use of the property  |   |
|   |
| Current Use of Property  |   |
| Current Zoning District  |   | Requested Zoning District |   |
| Property Address(es)/ Description  |   |

***Ownership Information:*** *(include all owners. If necessary, add additional pages)*

|  |  |  |
| --- | --- | --- |
| Name:  |  |  |
| Address:  |  |  |
| City:  | State:  | Zip:  |
| Phone:  | Email address:  |  |

***Agent Information:*** *(if applicable)*

|  |  |  |
| --- | --- | --- |
| Name:  |  |  |
| Address:  |  |  |
| City:  | State:  | Zip:  |
| Phone:  | Email address:  |  |

|  |
| --- |
|  Are you rezoning only a portion of this property? Yes 3 No 3  |
|  Is this request to address an existing zoning violation or non-conformity? Yes 3 No 3  |
| What road(s) will provide access to the site?  |
| How will water and wastewater be addressed? Water 3 Sewer 3 Septic 3  |
| Are there any known wetlands on the site? Yes 3 No 3  |
| Is any of the site within the regulatory floodplain or floodway? Yes 3 No 3  |
| Does the property include the SCDHEC -OCRM baseline or setback? Yes 3 No 3  |
| How will stormwater be addressed?  |
| Are there any recorded covenants or deed restrictions that are contrary to, conflicts with, or prohibits this proposed use or development? Yes 3 No 3  |
|  Are you proposing a Development Agreement with this request? Yes 3 No 3  |
| Provided list of names and addresses of property owners within 150 ft? Yes 3 No 3  |

*Office Use Only:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Submitted  |   | Fees |  |   | Environmental Review: |
| Receipt No.  |   | Adj Addresses Provided |  | Wetlands  | Y | N |
| Received By  |   | Sketch/Master Plan |  |   | Floodplain  | Y | N |
| PINs verified |  | Advertisement Date |  |  | OCRM Baseline/Setback | Y | N |
| Ownership Verified |   | Property Posted Date |  |   | Topography  | Y | N |
| Signatures  |   | Mailout Date |  |   |  |  |  |

 Case Number:

 **SIGNATURE PAGE**

**Applicant/Agent hereby certifies that the information provided in this application is correct and there are no covenants or deed restrictions in place that would prohibit this request.**

**Applicant/Agent hereby certifies that they understand that rezoning is only one step in the development process. The Applicant/Agent must also ensure that all development requirements are met and understands that rezoning the property does not alleviate other development requirements. Additionally, the applicant understands that a subdivision or combination plat during the rezoning process may result in inaccurate rezoning of the property.**

**Signature Blocks:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   **Owners** *(include all owners. If necessary, add additional pages)*

|  |  |
| --- | --- |
| Print Name  | Signature  |
|  |  |
| Print Name  | Signature Date |

**Corporation / Partnership**  Print Corporation/Partnership Name ***(If in LLC or Corp. name, provide authorization to sign)***  By  Print Name Signature   |

|  |
| --- |
|  **Designation of Agent:**  I hereby appoint the person listed below as agent to act on my behalf for the purpose of filing such application for rezoning, as he/she shall deem necessary and proper.  Print agents name   Signature of agent Date  Signature of owner *(include all owners. If necessary, add additional pages)* Date   Witness Signature Date  |