



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.
2. **Application Fees:** The standard rezoning fee is \$550. For PDD and FDD submissions, the pre-application review fee is \$550 per review and the rezoning fee is \$1,250 plus review costs. PDD and FDD minor amendments are \$550 plus review fees (per Ord. 8-2023, adopted on 8/7/2023). All fees must 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.
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

2024 REZONING SUBMITTAL DEADLINES AND MEETING SCHEDULE

The Planning Commission is scheduled to meet on the third Thursday of each month at the Atlantic Beach Community Center at 1 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 2024	December 4, 2023	January 18, 2024
February 2024	January 1, 2024	February 15, 2024
March 2024	February 5, 2024	March 21, 2024
April 2024	March 4, 2024	April 18, 2024
May 2024	April 1, 2024	May 16, 2024
June 2024	May 6, 2024	June 20, 2024
July 2024	June 3, 2024	July 18, 2024
August 2024	July 1, 2024	August 15, 2024
September 2024	August 5, 2024	September 19, 2024
October 2024	September 2, 2024	October 17, 2024
November 2024	October 7, 2024	November 21, 2024
December 2024	November 4, 2024	December 19, 2024

Case Number:

TOWN OF ATLANTIC BEACH REZONING APPLICATION

(PIN) Parcel ID			
Number/s Area in ft ² 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 <input type="checkbox"/>	No <input type="checkbox"/>
Is this request to address an existing zoning violation or non-conformity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What road(s) will provide access to the site?		
How will water and wastewater be addressed?	Water <input type="checkbox"/>	Sewer <input type="checkbox"/> Septic <input type="checkbox"/>
Are there any known wetlands on the site?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any of the site within the regulatory floodplain or floodway?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the property include the SCDHEC -OCRM baseline or setback?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
Are you proposing a Development Agreement with this request?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Provided list of names and addresses of property owners within 150 ft?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Office Use Only:

Date Submitted		Fees		Environmental Review:	
Receipt No.		Adj Addresses Provided		Wetlands	Y <input type="checkbox"/> N <input type="checkbox"/>
Received By		Sketch/Master Plan		Floodplain	Y <input type="checkbox"/> N <input type="checkbox"/>
PINs verified		Advertisement Date		OCRM Baseline/Setback	Y <input type="checkbox"/> N <input type="checkbox"/>
Ownership Verified		Property Posted Date		Topography	Y <input type="checkbox"/> N <input type="checkbox"/>
Signatures		Mailout Date			

Case Number:

SIGNATURE PAGE (provide a signature page per owner and/or corporation) Check the following boxes to verify acknowledgement.

- 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

OR 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