



**Planning Department**

P.O. Box 1809, 101 N. Main Street, Lancaster, SC 29721  
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[www.mylanastersc.org](http://www.mylanastersc.org)

**TEXT AMENDMENT APPLICATION**

**SUBMITTAL REQUIREMENTS**

- Completed Application
- Signatures of Applicant
- Fees associated with Application

**GENERAL INFORMATION**

4.3.2 Highway Corridor Overlay District (HCO) para D

UDO Section(s) Proposed to be Amended "Exceptions and non-conforming situations"

Current Text Any property zoned and used for a single family residential use, including the single family residential portion of a property zoned Planned Development District (PDD), shall be exempt from the development standards of the Highway Corridor Overlay District.

Proposed Text Any property **developed as a unified campus (research, medical/hospital) or** zoned and used for a single family residential use, including the single family residential portion of a property zoned Planned Development District (PDD), shall be exempt from the development standards of the Highway Corridor Overlay District.

Description of Need for Proposed Text Hospital campus requires unique site planning features that are currently non-conforming in the Highway Corridor Overlay District

☐ Additional pages attached for more information

**CONTACT INFORMATION**

Applicant Name The Keith Corporation c/o Sam Walker

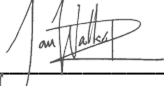
Address 4500 Cameron Valley Pkwy Suite 400

City Charlotte State NC Zip 28211 Phone (704)562-3840

Fax \_\_\_\_\_ Email swalker@thekeithcorp.com

## APPLICATION CERTIFICATIONS

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable County ordinances and state laws related to the use and development of the land. I further certify that I am the property owner, or his/her authorized agent, or the subject property. I understand that falsifying any information herein may result in rejection or denial of this request.

  
\_\_\_\_\_  
Applicant

7/13/2022

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical University Hospital Authority

7/13/2022

\_\_\_\_\_  
Property Owner(s)

\_\_\_\_\_  
Date

Attach owner's notarized written authorization with property information if the applicant is not the owner.

## LANCASTER COUNTY OFFICE USE ONLY

Application Number \_\_\_\_\_ Date Received \_\_\_\_\_ Receipt Number \_\_\_\_\_

Amount Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Cash Amount \_\_\_\_\_

Received By \_\_\_\_\_ Planning Commission Meeting Date \_\_\_\_\_

## SCHEDULE/PROCESS

### 1. Submit Application

- The deadline for this application is at least 45 days prior to the Planning Commission meeting, held every third Tuesday of the month.
- Once an application is submitted, it is placed on the Planning Commission agenda for the following month.
- An application withdrawal should be made in writing and received prior to public notice in order to receive a refund.
- Text Amendment Application Fee - \$435.00

### 2. Planning Commission

- Conducts a public hearing on the application to receive input from Lancaster County citizens, applicant, and other interested parties.
- Reviews the application to ensure it is consistent with the Lancaster County Unified Development Ordinance, Comprehensive Plan, and all adopted County plans.
- Makes a recommendation to the County Council.

### 3. County Council

- Approves, denies, or submits application to the Planning Commission for further study.
- Action requires three readings for approval