

Zoning Compliance/Building Permit Development Review

Applicant/Business: _____
 Property Address: _____
 Zoning Classification: _____ Phone Number: _____
 Tax Map Number: _____

Dimensional Requirements

	<u>Minimum Requirements</u>		<u>Shown On Plans</u>	
Lot Width:	_____	feet	_____	feet
Lot Area:	_____		_____	
Front Setback:	_____	feet	_____	feet
Side Setbacks:	_____	feet	_____	feet
	_____	feet	_____	feet
Rear Setback:	_____	feet	_____	feet
Max. Building Height:	_____	feet	_____	feet

Screening/Buffer Required? Yes No

If yes, detail: _____

Additional Comments/Explanations:

Parking:		Required Parking Space
Net Floor Area:	=	_____
Seating Capacity:	=	_____
Number of Dwelling Units:	=	_____
Other:	=	_____

TOTAL NUMBER OF SPACES REQUIRED: _____
 Number & size of loading/unloading bays required: _____

APPROVED BY: _____ DATE: _____

PROPERTY OWNER IS RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION PRESENTED REGARDING THEIR PROPERTY (I.E. LOT DIMENSIONS, RIGHT-OF-WAY, SITE PLAN, ETC.)

BY MY SIGNATURE, I AFFIRM THAT: I have read and understand the information provided on this form; this property is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application, pursuant to § 6-29-1145 of the South Carolina Code of Laws; and that no sign will be erected without the required sign permit.

 APPLICANT SIGNATURE

 DATE