



TOWN OF SOUTH CONGAREE

Zoning Permit Application

Date Filed: _____ Subject Property/TMS: _____

INSTRUCTIONS: *If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent Section*

APPLICANT

Name(s): _____

Address: _____

Phone: _____ Email: _____

Interest: Owner(s) Agent of owner(s) Other _____

OWNER(s) [if other than Applicant]

Name(s): _____

Address: _____

Phone: _____ Email: _____

SUBJECT PROPERTY

Physical address: _____

Tax Map # _____ Zoning District _____

Lot # _____, Block _____, Subdivision _____

Lot Dimensions _____ Area/Acreage _____

The applicant hereby requests a zoning permit pursuant to § 158.207 of the Zoning Ordinance for (check one):

New Construction Accessory Building Change in Use/Business Other _____

Please describe the project. [Use reverse side if more space is needed.]

Floodplain Compliance

Is property in a Special Flood Hazard Area(SFHA)? Yes No Zone? _____

Is there a stream on the property? Yes No

Does project include a stream crossing? Yes No Culvert? _____ Bridge? _____ Other? _____

Designation of Agent [complete only if owner is not the applicant]: I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for a zoning permit. _____

Owner Signature

Applicant Signature

Upon issuance of this permit, I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of South Carolina regulating such work and to the specifications and plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

Applicant* (PRINT)	Applicant Signature	Date
_____	_____	_____

OFFICIAL USE ONLY: Approved Conditional Disapproved

Explanation _____ Zoning Official _____