

CLARENDON COUNTY, SOUTH CAROLINA

PLANNING DEPARTMENT

411 Sunset Drive Manning SC 29102

Ph. 803.435.8672 Fax 803.435.2208

USE PERMIT APPLICATION

In accordance with the provisions of 6-29-1145 of the SC Code of Laws, you (the applicant) must let us know if there are any restrictive covenants on the tract or parcel of land that is contrary to, conflicts with, or prohibits the requested activity.

Tax Map Number: _____

Location of Property: _____

Applicant Name: _____

*****Note: If not property owner, attach notarized authorization to use property from the property owner**

Applicant Address: _____

Applicant Telephone Number/Fax/Email: _____

Applicant E-Mail Address: _____

Parcel Owner Name: _____

Parcel Owner Address: _____

Parcel Owner Telephone Number/Fax/Email: _____

Existing Use: _____

Proposed Use: _____

The undersigned hereby applies for a Use Permit for the above use, to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

Applicant Signature _____ Date _____

Non-Refundable Fee **\$25.00** Received by _____ Receipt # _____

USE PERMIT CERTIFICATION

The subject parcel is certified to be located in the _____ District of Clarendon County. This Use Permit is non-transferable and has been approved with the following stipulations:

Approved By: _____ Date: _____ Expires: _____

The proposed request is denied due to: _____

Denied By: _____ Date: _____

This statement neither implies nor authorizes the commencement of construction without the issuance of a Building Permit.

BUILDING CODES

Initial Inspection Date: _____

Inspected By: _____

Improvements needed prior to issuance of Use Permit: _____

Final Inspection Date: _____

Approved By: _____

FIRE DEPARTMENT

Initial Inspection Date: _____

Inspected By: _____

Improvements needed prior to issuance of Use Permit: _____

Final Inspection Date: _____

Approved By: _____

PLANNING COMMISSION

Other Permits Required			
Agency	Permit Required	Approved By	Date Received
SCDOT			
DHEC			
AFT			
E-911			

Final Inspection Date: _____

Approved By: _____