

CLARENDON COUNTY, SOUTH CAROLINA  
PLANNING DEPARTMENT  
411 Sunset Drive Manning, SC 29102  
Ph. 803-435-8672 Fax 803-435-2208

REQUEST FOR SUBDIVISION REQUIREMENTS EXEMPTION  
IMMEDIATE FAMILY MEMBER

Date Submitted: \_\_\_\_\_ Processing Fee: \$25.00

Property Owner Name: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Site Location: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Size in Acres: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Pursuant to the criteria provided in Section 60.02 of the UDC, the applicant requests the exemption from the subdivision requirements checked below:**

\_\_\_\_\_ The division of the subject parcel results from a will, or inheritance, under the state statute of descent and distribution, or by gift conveyed by deed, **ONLY IF** the resulting parcels meets the minimum DHEC standards **AND** the conveyance is to an immediate family member. The term immediate family means only mother, father, children, sisters, brothers, and grandchildren. **Further, property conveyances shall not be allowed for a period of twenty-four (24) months from the date of the plat approval by the Planning Commission.**

**The applicant shall, at a minimum, supply the following information in support of the request:**

1. A minimum of five (5) original plats of the proposed property division.
2. A copy of the properly executed deed.
3. A notarized statement verifying immediate family member conveyance. (State the grantor's relationship to the grantee.)
4. If the applicant is not the property owner, attach a statement authorizing the applicant to act in the property owner's behalf for this application.

**CERTIFICATION**

I hereby certify that I have read this application and that the information provided above is true and accurate to the best of my knowledge. I am the owner, or authorized agent, of the subject property.

Printed or Typed Applicant Name and Signature \_\_\_\_\_ Date Application Signed \_\_\_\_\_