

**CLARENDON COUNTY, SOUTH CAROLINA  
PLANNING DEPARTMENT  
411 Sunset Drive Manning SC 29102  
Ph. 803.435.8672 Fax 803.435.2208**

**REQUEST FOR SUBDIVISION/PLAT REVIEW**

Date Submitted: \_\_\_\_\_ Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

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

**Attach Complete Legal Description, i.e., metes and bounds or subdivision lot number and plat book and page.**

General Location: \_\_\_\_\_

\_\_\_\_\_

Current Zoning: \_\_\_\_\_

Sketch plan: \_\_\_\_\_ Preliminary Plat/Plans: \_\_\_\_\_

Final Plat/Plans: \_\_\_\_\_ Processing Fee: \_\_\_\_\_

Size in Acres: \_\_\_\_\_ Number of Lots: \_\_\_\_\_

Sewer Service Provider: \_\_\_\_\_

Potable Water Service Provider: \_\_\_\_\_

Applicant/Representative: (Contact Person): \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**If the applicant is someone other than the property owner, the applicant must include a statement signed by the property owner which authorizes the applicant to apply for this specific purpose and location on his behalf. Such a statement must be attached to this application.**

**CERTIFICATION**

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 land development. I am the owner, or his authorized agent of the subject site.

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Authorized Agent Name, Signature, and Date