

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

REQUEST FOR MINOR SUBDIVISION REVIEW

Please print clearly or type

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

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

Tax Map Numbers: \_\_\_\_\_

Attach Complete Legal Description of whole parent parcel, i.e., metes and bounds and plat book and page.

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

\_\_\_\_\_

Processing Fee: \$200.00 Size in Acres: \_\_\_\_\_

Number of Lots: \_\_\_\_\_ [Section 60.05(a) limits each parcel to a maximum of 10 lots]

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

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

\_\_\_\_\_

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

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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 property owner, or his authorized agent of the subject site.

\_\_\_\_\_  
Authorized Agent Name, Signature, and Date