

CLARENDON COUNTY, SOUTH CAROLINA
PLANNING DEPARTMENT
Post Office Box 1250 – Mailing Address 412 N. Brooks Street, 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