



Zoning Compliance Application

Date _____

The applicant certifies information in this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void.

Tax Map Number _____

Please mark X on one of the following

Property Address _____

Rent _____ Own _____ Lease _____

Type of Permit Requested: Commercial Zoning Residential Zoning Home Occupation

(For information on Home Occupations see Section 6:12 of the Greer City Ordinance or the Zoning Brochure)

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described? YES _____ NO _____

Square Footage of House/Business/Space _____

Name of Business (Commercial) _____

Type of Business (Commercial) _____

<u>Applicant Information</u>
Name _____
Address _____ _____
Contact Number _____
Email _____

<u>Property Owner Information</u>
Name _____
Address _____ _____
Contact Number _____
Email _____

Proposed Work (Check the scope of work that best describes the activities):

- New Business (In existing building)
- Renovations
- Change of Address (Business is moving to a new location)
- Mobile Home
- New Construction
- Owner Change
- Other _____
- Addition
- Accessory Structure

(SEE REVERSE)

PLEASE NOTE:

This Certificate of Zoning Compliance is issued in accordance with Sec 9:2.1 of the City of Greer Zoning Code. If a request is denied, the property owner has the right to appeal within 15 days of this determination. Appeal forms are available in the Building and Development Standards Department of the City of Greer.

For all commercial businesses - Any signs will have to be permitted and inspected by the City of Greer and will need a separate application and fee. Visit www.cityofgreer.org for applicable forms and fees.

Applicant Signature _____

BUSINESS OFFICE USE ONLY

Received Date _____

Permit Number _____

Sent Date _____

Fee Accepted _____

REVIEW OFFICE USE ONLY

Zoning District _____

Required Parking Spaces _____

Airport Environs Yes No

Landscaping Required Yes No

Proposed Use is Permitted Special Exception Prohibited Same Use Change of Use

Zoning Permit Approved Denied Temporary

Setbacks-Closest distance from the wall of the structure to each of the following property lines

Front _____ Side (left) _____ Side (right) _____ Rear _____

Flood Hazard Area Yes No

Map Panel Number _____

Conditions/Reasons _____

Date _____ Staff _____