

ZONING VERIFICATION



Date _____

Property Address _____ Tax Map Number _____

Proposed Use (Type of business) _____

Applicant Name _____ Telephone _____

Applicant Address _____ E-mail _____

Subdivision _____ Phase _____ Fax _____

Property Owner _____

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 in this permit? ___ Yes ___ No

This form is *NOT* a Certificate of Compliance, failure to obtain a Certificate of Compliance before beginning any operation shall be guilty of a misdemeanor and is punishable by a fine not to exceed \$100 or imprisoned for not more than 30 days or both.

Application will not be reviewed until ALL information is completed.

OFFICE USE ONLY

Zoning District _____

Use Permitted ___ Yes ___ No

Conditions/Reasons _____

Telephone (864)801-2009 Fax (864)801-2020