



SUBDIVISION & PLAT REVIEW APPLICATION

I certify that all the information on this application and any documentation attached are correct to the best of my knowledge.

ALL APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED SUPPORTING DOCUMENTATION PER THE TOWN'S LAND DEVELOPMENT REGULATIONS

NO PARTIAL SUBMISSIONS WILL BE ACCEPTED. ALL DOCUMENTS MUST BE ACCURATE, UP-TO-DATE, COMPLETE AND PROVIDED WITH THE APPLICATION FOR CONSIDERATION.

APPLICATION COMPLETE WITH SUPPORTING DOCUMENTATION MUST BE PROVIDED AT LEAST 30 DAYS PRIOR TO THE COMMISSION MEETING IN WHICH THE SUBMISSION IS TO BE CONSIDERED

Type of Submittal:

Exempt Plat Preliminary Plat (Major) Final Plat (Major) Commercial Plat

Combination Plat Preliminary Plat (Minor) Final Plat (Minor)

Applicant/Property Owner: _____ Company: _____

Phone Number: _____ Email: _____

Developer/Engineer: _____ Company: _____

Phone Number: _____ Email: _____

Other: _____ Company: _____

Phone Number: _____ Email: _____

Project Name: _____

Property Location: _____ Tax Map Number: _____

Zoning Classification: _____ Number of Acres: _____

Number of Proposed Lots: _____

Pursuant to the South Carolina Local Government Comprehensive Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is this tract or parcel restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with or prohibits the (proposed) permitted activity? Yes No

- By signing below, you are stating that you have read the Town of Lyman Zoning Ordinance and Land Development Regulation Requirements for this type of proposed project and have addressed these in the plans for the proposed development.
- All plans, checklists, and fees associated with the proposed project need to be submitted with this application.
- All work associated with this proposed project will require Town of Lyman Business License and Permitting through CC&I Services at permits@cciservicesllc.com or 864-586-6111

Signature: _____ Date: _____

----- For Official Use Only -----
 APPROVED DENIED PENDING Date: _____

Zoning Administrator _____ Fee Paid _____

Current Zoning District _____ Setbacks: Front _____ Left _____ Right _____ Rear _____

Business License Obtained New Sewer Tap Fee Paid Existing Sewer Service Septic only

Comments/Conditions: _____