



ZONING COMPLIANCE APPLICATION

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

Applicant: _____

Email Address: _____ Contact Number: _____

Applicant Address (if not the property owner): _____

Property Owner Name: _____

Project Address: _____

Contractor Name: _____

Contractor Address/Phone No.: _____

Type of Construction or Type of Business applying for Zoning Compliance:

Residential Bus/Commercial Existing Commercial Industrial

1. Renovations/Additions Windows/Doors Additional Sq/ft. Plat/Drawing Attached
 Sewer Tap Paid
2. Accessory Structures Plat/Drawing Attached * See below for inspection requirements.
 Garage Storage Building Deck/Patio Screen Room Swimming Pool
3. Fence Size & Height _____ 6 ft or Under Fence Type _____
4. Solar Installation Drawing Attached
5. HVAC Plumbing Electrical Gas
6. **SEEKING BUSINESS ZONING COMPLIANCE:**
 Home Occupation Business Type _____
 Change of Ownership (Not Home Occupation) _____
 Temporary Use Business Type _____

All construction permit applications other than those listed below are to be submitted to CC&I Services, LLC at www.cciservicesllc.com, (864) 586-6111, email permits@cciservicesllc.com.

Final Inspections will be required for the installation of detached garages, carports, storage buildings/sheds, under 200 square feet; fences not exceeding 6 1/2' in height. Contact Zoning Administrator at 864-439-0680 within 60 days after issuance of zoning approval for final inspection.

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

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: _____