



# Zoning Permit Application

Section 10.5.2 McClellanville Zoning and Land Dev. Ordinance  
405 Pinckney Street  
McClellanville, SC 29458  
(843) 887-3712

Date Filed \_\_\_\_\_ \$25 Fee Paid \_\_\_\_\_

ARB/DRB District \$50 Fee Paid \_\_\_\_\_

**Applicant is:**       **Owner(s)**      **OR**       **(Owner is not applicant) Designation of Agent**

**PROPERTY ADDRESS:** \_\_\_\_\_ **TMS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Applicant name(s) (Print):** \_\_\_\_\_

**Name/Address of Owner(s)(PRINT)**

**Name/Address of Designation of Agent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Email** \_\_\_\_\_ **Phone #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_ **Phone#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Designation of Agent:** (complete only if owner is not applicant): I (we) hereby appoint the person named as Applicant to represent my(our) interest in this request for a zoning permit.

**Date:** \_\_\_\_\_ **Owner** \_\_\_\_\_ **Owner** \_\_\_\_\_

**Owner (print)** \_\_\_\_\_ **Owner(print)** \_\_\_\_\_

**Certification of Covenants/Restrictions:** I (we) hereby certify that to my (our) knowledge, the tract or parcel of land subject to this application  IS OR  IS NOT restricted by any recorded covenant that is contrary to , conflicts with, or prohibits the activity for which this permit is sought.

I (we) certify that the information in this request is correct.

**Date:** \_\_\_\_\_ **Owner** \_\_\_\_\_ **Owner** \_\_\_\_\_

**Owner (print)** \_\_\_\_\_ **Owner(print)** \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ TMS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant name(s) (Print): \_\_\_\_\_

**Describe scope of work proposed for property:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Lot Coverage: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Set Backs (feet): Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

Residential Floor Area (sq feet heated) \_\_\_\_\_ Porches/other(sq. feet unheated) \_\_\_\_\_

Building Height (feet above base flood elevation): \_\_\_\_\_

**Zoning Administrator Review:**

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Approved

Approved with conditions

Disapproved

Date: \_\_\_\_\_

\_\_\_\_\_

Zoning Administrator