



Florence County Planning and Building Inspections Department  
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### **FLORENCE COUNTY ZONING CHECKLIST FOR COMMERCIAL PROJECTS**

The following items will be required and reviewed in order to show compliance with Chapter 30 - Zoning Ordinance of the Florence County Code. Each person/agent submitting a site plan should use this as a guide to help improve the quality of submissions and allow the Zoning Staff to process the request in a timely manner.

Please take notice that the enclosed checklist is not all inclusive, and all applicants must comply with all provisions of Chapter 30 - Zoning Ordinance of the Florence County Code. (ZO)

### **CHECK OR NOTE BLOCKS AS APPROPRIATE**

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PERMIT NO: \_\_\_\_\_

TAX MAP NUMBER: \_\_\_\_\_

#### **1) ZONING**

- a. Current zoning district for site: \_\_\_\_\_
- b. Zoning district required for this project: \_\_\_\_\_

- c. If the same, go to Item 2;  
If different, consider zoning change or site change.
- d. If Conditional use, see item 13.

**2) OFF-STREET PARKING (Reference ZO, Article VI.)**

- a. Is it required?       Yes       No (go to Item 3)
  
- b. Number of spaces required:      Regular \_\_\_\_\_  
    Compact \_\_\_\_\_  
    Handicapped \_\_\_\_\_
  
- c. Number of spaces planned:      Regular \_\_\_\_\_  
    Compact \_\_\_\_\_  
    Handicapped \_\_\_\_\_
  
- d. Parking standards met?       Yes       No
- e. Parking plan included?       Yes       No
- f. Off-Street loading?       Yes       No
- (1) Standards Met?       Yes       No

**3) LOT/SITE PLANNING (Reference ZO, Article II.)**

	ITEM	REQUIRED	PLANNED	MET REQUIREMENT
a.	Lot area	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Setback-Front	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Side (Interior)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Side (Exterior)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Rear	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Corner Lot	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Height	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Density	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Floor area	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Impervious Surface	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4) VISUAL CLEARANCE (Reference ZO, Article VII.)**

- a. Intersections       Yes       No       n/a
- b. Vertical       Yes       No       n/a

**5) BUFFER AND SCREENING (Reference ZO, Article IV.)**

	ITEM	REQUIRED	PLANNED	MET REQUIREMENT
a.	Bufferyard	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

- b. Screening \_\_\_\_\_  Yes  No  
 (1) Outside Storage \_\_\_\_\_  Yes  No  
 (2) Containers & Dumpsters \_\_\_\_\_  Yes  No  
 (3) Fences & Walls \_\_\_\_\_  Yes  No

**6) LANDSCAPING (Reference ZO, Article IV.)**

- a. Planned submitted?  Yes  No  n/a  
 b. Does plan meet standards?  Yes  No  n/a

**7) OPEN SPACE (Reference ZO, Article IV.)**

- a. Requirements met?  Yes  No  n/a

**8) Roads**

- a. New streets and roads  Yes  No  
 (1) Requirements met  Yes  No  
 b. Existing streets and roads  Yes  No  
 (1) Requirements met  Yes  No

Comment: \_\_\_\_\_

**10) FLOOD HAZARD AREAS (Reference ZO, Article II.)**

- a. Is the site in a Flood Hazard Area?  Yes  No  
 b. Base Flood Elevation: \_\_\_\_\_

**11) SIGNS (Reference FCZO, Article V.)**

Maximum Allowed for parcel \_\_\_\_\_  
 Size Planned: a. Free-standing \_\_\_\_\_  
 b. Wall \_\_\_\_\_

Address?  Yes  No

**12) CONDITIONAL USE (Reference ZO, Article III.)**

ARE ANY OF THE FOLLOWING APPLICABLE? REQUIREMENT MET?

- |                                   |  |  |
|-----------------------------------|--|--|
| Bed and Breakfast Inns            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Temporary Uses                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Communication Towers and Antennas | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recyclable Material               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hardware                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In RU-1:                          |  |  |
| General Merchandise               | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Liquor                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Used Merchandise                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Auto Repair                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Video tape rental stores in Rural Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refuse Systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sexually Oriented Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coin Operated Amusement Devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash Payouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open Storage Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Apartments in the B-4 District	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drinking Places	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accessory Buildings and Uses	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Use Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nonconformities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Date Received:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Comments:**

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