

PERMIT NO. _____

FLORENCE COUNTY PLANNING AND BUILDING INSPECTION DEPARTMENT
518 S. Irby Street, Florence, S.C. 29501
(O) 843-676-8600 or Toll free 866-258-9232
(Fax) 843-676-8667 or Toll free 866-259-2068
APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

For
Florence County, Johnsonville, Olanta, Pamplico, Quinby, Scranton, Timmons ville

[This Section to be Completed by Applicant]

Applicant's Name: _____

Applicant's Address: _____

Applicant's Contact Number: _____

Business Name: _____

Business Address: _____

Existing Building: _____ New Building: _____

Do you intend to make any renovations? _____ Yes _____ No

If yes, what are the renovations? _____

Is business a home occupation? _____ Yes _____ NO

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

[For Zoning Staff Use Only]

Tax Map Number: _____

Zoning District: _____ NAICS Number (if applicable): _____

Required Parking Spaces: _____ Proposed No. of Parking Spaces: _____

If Nonconforming category is checked, please reference Section 30-249 of the Zoning Ordinance for approval in accordance with this section.

Is a Common Signage Plan required and attached as stipulated by Section 30-203 of the Zoning Ordinance? _____ Yes _____ No

Is the sign permit application approved in accordance with pertinent stipulations as set forth in Article 5 - Sign Regulations of the Zoning Ordinance? _____ Yes _____ No

Comments, if any: _____

_____.

This proposed use ____meets ____does not meet all of the requirements of Chapter 30 - Zoning Ordinance based on the information as provided by the applicant.

The approval of the Zoning Compliance and issuance of same is done in good faith based on information as provided by the applicant.

This certificate does not grant the right nor privilege to erect any structure nor to use any premises described for any purpose or in any manner that is prohibited by Chapter 30 - Zoning Ordinance or by any other ordinance, code or regulation of the Florence County Planning Commission.

The Application for Certificate of Compliance is ____ approved ____disapproved this ____ day of _____, _____.

Zoning Compliance Fee: _____

Zoning Compliance Issuance Date: _____

Zoning Official: _____