



Clarendon County Planning Commission

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Email: clarendonplanning@clarendoncountygov.org

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APPLICATION FOR PERFORMANCE ZONE CERTIFICATE

Project Number: _____ Date: _____

Fee: \$50 Receipt Number: _____ Received by: _____

You must inform us if any restrictive covenants on the tract or parcel of land that is contrary to, conflicts with, or prohibits the requested activity, according to **SC Code 6-29-1145**.

The undersigned hereby applies for a Zoning Certificate for the following use, to be issued based on the representations contained herein, all of which applicant swears to be true.

Tax Map Number: _____

Location of Property: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____ Email: _____

Parcel Owner Name: _____

Parcel Owner Address: _____

Parcel Owner Phone: _____ Email: _____

Proposed Use: Residence Stick/Modular Residential Manufactured House Multi-Family
 Garage Accessory Building Public Assembly Existing Commercial Manufacturing
 Business Industry Sub-division – Type _____ Other _____

Square Footage: _____

Sketch lot, Showing proposed structure and any existing structures or use for which this application is made.

Main road frontage _____ ft.

Setback from right of way _____ ft.

Side yard clearance _____ ft.

 Right Side _____ ft.

 Left Side _____ ft.

Rear yard clearance _____ ft.

Depth of lot from right-of-way _____ ft.

Dimensions of building: Width: _____ ft.

 Depth: _____ ft.

Highest point of building above established grade _____ ft.

Width & length of driveway W _____ ft. L _____ ft.

Off-street parking space _____ sq. ft.

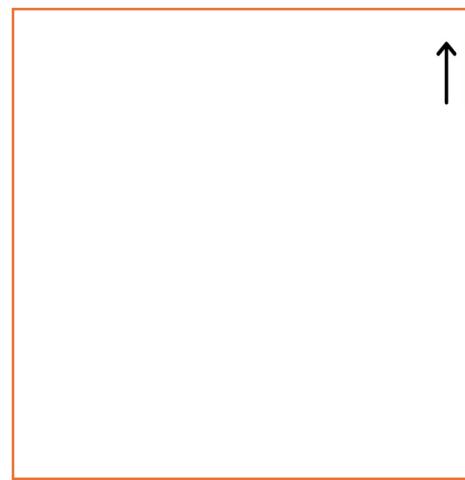
Building Use: _____

Number of stories _____ Basement

Usable floor space designed for use as living quarters exclusive of basement, porches, garages, desks, breezeways, terraces, attics or partial stories. First floor _____ sq. ft.

Do you have a Septic Tank Permit or other approved sewage disposal from SC DES? Yes No

Will you have a private well or public water supply? Attach public water supplier letter.



Clearly describe your request and include any relevant documents or data. _____

Note: All Mobile Homes (MHs) located on Waterfront Lots within the Performance Zone must be double-wide units, shall not exceed five (5) years of age and must have brick underpinning.

All MHs situated on Second Row Lots within the Performance Zone are required to be no older than ten (10) years.

MHs placed or located within the Performance Zone but not classified as Waterfront Lots or Second Row Lots shall be no older than thirty (30) years.

Parcel Owner Signature: _____ Date: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Signature: _____ Printed Name: _____

My Commission Expires:

Applicant Signature (if not owner): _____ Date: _____

PERFORMANCE ZONE CERTIFICATE

Upon the basis of the above application, the statements in which are made a part thereof, The Clarendon County Planning Commission approves the proposed use, in so far as all other applicable requirements of the **Clarendon County Unified Development Code, Ordinance 2022-05** are adhered to.

Chairman, Clarendon County Planning Commission

Hearing Date

This certificate neither implies nor authorizes the commencement of construction without the issuance of a Building Permit.

APPLICATION DENIED

Reason for Denial: _____

Chairman, Clarendon County Planning Commission

Hearing Date

Applicants may not reapply for the same use within 365 days of the above Planning Commission Hearing Date.
