Clarendon County Planning Commission

411 Sunset Drive Manning, South Carolina 29102
Tel: 803-435-8672 Fax: 803-435-2208
Email: clarendonplanning@clarendoncountygov.org
Website: www.clarendoncountysc.gov

USE PERMIT APPLICATION

> 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.

Tax Map Number:_____

Location of Property:_____

Applicant Name:_____

Note: If you are not the property owner, attach a notarized authorization from the owner

Applicant Address:_____

Applicant Phone Number:_____Email: _____

Parcel Owner Name:_____

Parcel Owner Address:_____

Parcel Owner Phone:_____Email: _____

Existing Use: _____

Proposed Use: _____

The undersigned herby applies for a Use Permit for the above use, to be issued based on the representations contained herein, all of which applicant swears to be true.

Applicant Signature:_____Date:_____

Non-Refundable Fee $50.00 Received by: _____Receipt #:_____

USE PERMIT CERTIFICATION

The subject parcel is certified to be in the _____ District of Clarendon County. This Use Permit is non-transferable and has been approved with the following stipulations:_____

_____

_____

Approved by:_____Date:_____Expires:_____

The proposed request is denied due to:_____

Denied by: _____Date: _____

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

BUILDING CODES

Initial Inspection Date: _____

Inspected by: _____

Improvements needed prior to issuance of Use Permit: _____

_____

_____

Final Inspection Date: _____

Approved by: _____

FIRE DEPARTMENT

Initial Inspection Date: _____

Inspected by: _____

Improvements needed prior to issuance of Use Permit: _____

_____

_____

Final Inspection Date: _____

Approved by: _____

PLANNING COMMISSION

Other Permits Required			
Agency	**Permit Required**	**Approved by**	**Date Received**
SC DOT			
SC DES			
AFT			
E-911			

Final Inspection Date: _____

Approved by: _____