



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.clarendoncountygov.org

Request For Subdivision Requirements Exemption Immediate Family Member

The applicant shall, at a minimum, supply the following information in support of the request:

1. A minimum of five (5) original plats of the proposed property division.
2. A copy of the properly executed deed.
3. A notarized statement verifying immediate family member conveyance. (State the grantor's relationship to the grantee).
4. If the applicant is not the property owner, attach a notarized statement authorizing the applicant to act on the property owner's behalf for this application.
5. Processing **Fee \$25**

Property Owner Name: _____

Tax Map Number: _____ Current Zoning: _____ Size in Acres: _____

Site Location: _____

Applicant Name: _____

Applicant Address: _____

Phone Number: _____ Email: _____

Attorney/Surveyor: _____

Phone Number: _____ Email: _____

Pursuant to the criteria proved in Section 60.02 of the UDC, the applicant requests the exemption from the subdivision requirements checked below:

☐ The division of the subject property results from a will or inheritance under the state statute of descent and distribution, or by gift conveyed by deed, **ONLY IF** the resulting parcels meets the minimum SC DES standards **AND** the conveyance is to an immediate family member. The term immediate family means only mother, father, children, sisters, brothers, and grandchildren. **Further, property conveyances shall not be allowed for a period of twenty-four (24) months from the date of the plat approval by the Planning Commission.**

CERTIFICATION

I hereby certify that I have read this application and that the information provided above is true and accurate to the best of my knowledge. I am the owner or authorized agent of the subject property.

Signature

Printed Name

Date