



**Town of
Kingstree**

**Kingstree Planning & Building
Department**
401 N. Longstreet Street
Kingstree, SC 29555
Phone: 843-355-7484

Form

ZP

**Zoning Permit
Application**
(April 2016)

Instructions to Applicant: This is an application for a zoning permit. A zoning permit is required prior to obtaining a building permit and prior to other activities such as changes of use, applying for a business license, and certain development activities. Depending on the scope and type of activity planned, other applications or exhibits may be required. The planning and building department can assist in advising you on any additional information/exhibits that may be needed in order to approve your request.

Type or print all answers on this application. Attach three (3) copies of a site plan drawn to scale. Also, attach any additional information or supplemental exhibits needed to complete this application. A nonrefundable fee of \$15.00, payable to the Town of Kingstree, must be submitted along with the completed application.

Block A: Applicant Information

A1	Applicant name:	Last Name	First Name	Middle Initial
		Business or corporate name (if applicable):		
A2	Property owner (if different than applicant):	Last Name	First Name	Middle Initial
A3	Primary contact or agent information:	Mailing address		
		Telephone number		
		Fax number		
		Email address		

Block B: Zoning Permit Request Type

Proposed Activity requiring Zoning Permit (check all that apply):			
	New Construction		Remodel/Renovation
<input type="checkbox"/>	Single Family Dwelling	<input type="checkbox"/>	Single Family Dwelling
<input type="checkbox"/>	Two Family Dwellings	<input type="checkbox"/>	Two Family Dwellings
<input type="checkbox"/>	Multi-Family Dwellings	<input type="checkbox"/>	Multi-Family Dwellings
<input type="checkbox"/>	Professional Office	<input type="checkbox"/>	Professional Office
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Industrial
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
<input type="checkbox"/>	Addition or Accessory Structure	<input type="checkbox"/>	Business License
<input type="checkbox"/>	Single Family Dwelling	<input type="checkbox"/>	Change of Use/New Use
<input type="checkbox"/>	Two Family Dwellings	<input type="checkbox"/>	Demolition
<input type="checkbox"/>	Multi-Family Dwellings	<input type="checkbox"/>	Driveway or Parking Lot Construction/Removal
<input type="checkbox"/>	Professional Office	<input type="checkbox"/>	Excavation/Grading/Filling
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Fence
<input type="checkbox"/>	Industrial	<input type="checkbox"/>	Painting (Historic District Only)
<input type="checkbox"/>	Other	<input type="checkbox"/>	Sign
<input type="checkbox"/>		<input type="checkbox"/>	Temporary Use
<input type="checkbox"/>		<input type="checkbox"/>	Other

Block C: Property Information

C1	Property address and tax map number:	
C2	Property size (entire tract):	
C3	Current use of the property:	
C4	Is/are there any recorded covenant(s) that is/are contrary to, conflicts with, or prohibits the proposed development?	<div style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="font-size: small; margin-top: 5px;">Note: See Section 6-29-1145 of the South Carolina Code of Laws.</p>

Block D: General Characteristics

D1	What is the proposed use of the property? Describe in detail the activity or activities to be conducted in all structures on the property.
D2	Describe in detail the proposed improvement, site change, or other activity requiring a zoning permit.

Certification of Property Owner and Authorized Agent

I hereby certify that I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I certify that the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable town ordinances and state laws related to this proposal. I certify that the Zoning Administrator or the administrator's representative shall have the authority to enter land(s) covered by this application at any reasonable hour to inspect such lands to determine the proposed development's conformance with the applicable provisions of the town's ordinances. I understand and agree that falsifying any information herein may result in nullification of this request and/or other appropriate legal remedies.

Owner's Name (Print)	Owner's Signature	Date
And, if different:		
Applicant's Name (Print)	Applicant's Signature	Date

Note: Persons signing other than the property owner must attach a signed statement from the owner authorizing them to make representations and take other actions related to this application.



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FOR INTERNAL USE ONLY

DATE COMPLETE		APPLICATION/CASE	
APPLICATION SUBMITTED:		NUMBER:	
ZONING DISTRICT:		FLOOD ZONE:	

DETERMINATION OF THE ZONING ADMINISTRATOR (AS CHECKED BELOW):

The requested zoning permit is approved subject to compliance with the requirements of the Kingstree Zoning Ordinance.

The requested zoning permit is approved subject to compliance with the requirements of the Kingstree Zoning Ordinance and the specific conditions listed below:

The requested zoning permit cannot be approved at this time. The request requires action by the board of zoning appeals (variance or special exception) or requires a map amendment.

The requested zoning permit cannot be approved at this time. The following information/exhibits will be required prior to a final determination.

The requested zoning permit is denied based on the following:

Determinations of the Zoning Administrator are subject to appeal to the Kingstree Board of Zoning Appeals by you or any other aggrieved party pursuant to Section 153.233 of the Kingstree Zoning Ordinance.

Zoning Administrator

Date