

**CLARENDON COUNTY
PLANNING DEPARTMENT**
411 Sunset Drive Manning, SC 29102
Ph. 803-435-8672 Fax 803-435-2208

APPLICATION FOR PERFORMANCE ZONING CERTIFICATE

Fee: \$50.00 Project Number: _____ Date: _____

Receipt #: _____ Received By: _____

In accordance with the provisions of 6-29-1145 of the SC Code of Laws, you (the applicant) must let us know if there are any restrictive covenants on the tract or parcel of land that is contrary to, conflicts with, or prohibits the requested activity.

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

1. Tax Map Number: _____
2. Location of Property: _____

3. Name of Land Owner: _____ Telephone Number: _____
Address: _____
4. Applicant: _____ Telephone Number: _____
Address: _____
5. Proposed use: () Manufactured Home () Stick-built or Modular Residence () Multi-Family
() Garage () Accessory Building () Business () Industry () Other _____
6. Sketch a lot, showing proposed structure and any existing structures or use for which this application is made.
(Fill in all directions and indicate which direction is north.)
 - A. Main road frontage _____ ft.
 - B. Set back from right-of-way _____ ft.
 - C. Side yard clearance _____ side _____ ft.
_____ side _____ ft.
 - D. Rear yard clearance _____ ft.
 - E. Depth of lot from right-of-way _____ ft.
 - F. Dimensions of building – Width _____ ft. ↑
Depth _____ ft.
 - G. Highest point of building above established grade _____ ft.
 - H. Width and length of driveway _____ W _____ L
 - I. Off street parking space _____ sq. ft.



7. Buildings: Use _____
Number of stories _____ Basement _____
Usable floor space designed for use as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories. First floor _____ sq. ft.
Second floor _____ sq. ft. Basement _____ sq. ft.
8. Do you have a "Septic Tank Permit" or other approved sewage disposal from SCDHEC? Yes () No ()
Permit Number _____ (Attach copy.)
9. Will you have a private well () or public water supply ()? (Attach public water supplier letter.)

10. Explain in detail what it is you are requesting permission to do. Attach supporting documentation and/or data if necessary or applicable.

Signature of Owner: _____

Sworn to and subscribed before me this _____ day of _____ Year _____

Notary Public My Commission Expires _____

Signature of Applicant (If not owner): _____

PERFORMANCE ZONE CERTIFICATE

Clarendon County Planning Commission Hearing Date: _____

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 2011-05, are adhered to.

Chairman, Clarendon County Planning Commission

This certificate shall expire 365 days from the Planning Commission Hearing Date unless a Use or Building Permit has been issued for the approved use. 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

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