



# ZONING COMPLIANCE APPLICATION

## Mechanical/Plumbing/Electrical Permit

Code Compliance and Development Office  
 100 E Windsor St, Westminster, SC 29693-0399  
 864-647-3200 X 105 [www.westminstersc.org](http://www.westminstersc.org)

PROJECT INFORMATION		
Property Address:	Tax Map Survey #:	Zoning:
	# Multi-Tenant Units:	Design Guidelines:
Applicant:		
Mailing Address:	Phone:	Fax:
	Mobile:	
	E-Mail:	
Physical Address:		
	City Business License # (if applicable):	
Property Owner:		
Mailing Address:	Phone:	Fax:
	Mobile:	
	E-Mail:	
Physical Address:		
	City Business License # (if applicable):	
Building Contractor:		
Mailing Address:	Phone:	Fax:
	Mobile:	
	E-Mail:	
Physical Address:		
	City Business License # (if applicable):	
SC LLR License #:		

SCOPE OF WORK and VALUE
<p><i>Describe work to be performed:</i></p>          <p><i>Value \$:</i></p>

CERTIFICATION			
<p><b>By signing this application, I certify that I am the owner builder or authorized agent for the company performing the work stated above, and that all the information provided is true and accurate. I understand if any information is found to be incorrect or falsely stated, this permit may be voided, and I may be responsible for violation of any and all related laws and ordinances. I further declare there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested.</b></p>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Signature of Applicant</td> <td style="width: 33%; border: none;">Printed Name and Title of Applicant</td> <td style="width: 33%; border: none;">Date</td> </tr> </table>	Signature of Applicant	Printed Name and Title of Applicant	Date
Signature of Applicant	Printed Name and Title of Applicant	Date	

OFFICE USE ONLY	
Action: <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Approved subject to obtaining and complying with a valid <input type="checkbox"/> _____ Permit <input type="checkbox"/> Conditional Approval/or Exemption: _____ Comments: _____	
Authorized By: _____	Date: _____