



ACCESSORY BUILDING ZONING COMPLIANCE APPLICATION

Code Compliance and Development Office
100 E Windsor St, Westminster, SC 29693-0399
864-647-3200 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: | |
| SC LLR License #: | City Business License # (if applicable): | |

| ACCESSORY BUILDING DETAIL | | |
|--|--------------------------------------|---|
| Primary Building: (SQ FT) | Proposed Accessory Building : | (SQ FT) |
| | Existing Accessory Buildings: | (SQ FT) |
| | | TOTAL SQ FT |
| UTILITIES - Accessory building will be served by : | | |
| <input type="checkbox"/> Public water | <input type="checkbox"/> Well | <input type="checkbox"/> Sewer |
| | <input type="checkbox"/> Septic tank | <input type="checkbox"/> No utility service |
| | <input type="checkbox"/> Other: | |

| APPLICATION INFORMATION NEEDED FOR SUBMISSION |
|---|
| <input type="checkbox"/> SITE PLAN – Show location of the proposed accessory building with setbacks from each property line, any other buildings or structures currently located on the parcel and all easements. |

| CERTIFICATION |
|--|
| By signing this application, I certify that I am an authorized agent for the company performing the work stated above, and that all the information provided is true and accurate. I further 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. |
| 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: _____ |
| Permit Fee: \$ _____ Authorized By: _____ |