



ZONING COMPLIANCE REVIEW & CERTIFICATION

Code Compliance and Development Office
100 E Windsor St, Westminster, SC 29693-0399
864-647-3200 www.westminstersc.org

APPLICANT/OWNER INFORMATION

Applicant:	Applicant Phone:	Fax:
Business Name:	Business Owner(s):	
Mailing Address:	Mobile:	E-Mail:
Physical Address:	City Bus. License:	
Property Owner:	Phone:	Fax:
Mailing Address:	Mobile:	E-Mail:
Physical Address:	City Bus. License:	

PROPERTY INFORMATION	ZONING
----------------------	--------

Address:			Designation:	
TMS/PIN:	Deed Book/Page:		Current Use:	
	Plat Book/Page:		Proposed Use:	
<input type="checkbox"/> Residential One-Family Dwelling	Floor Area	Parking Req'd	<input type="checkbox"/> Permitted Use	
<input type="checkbox"/> Residential Two-Family Dwelling			<input type="checkbox"/> Conditional Use	
<input type="checkbox"/> Residential Multi-Family Dwelling			<input type="checkbox"/> Accessory Use	
<input type="checkbox"/> Commercial Building Single-Tenant			<input type="checkbox"/> Temporary Use	
<input type="checkbox"/> Commercial Building Multi-Tenant			Dates:	
<input type="checkbox"/> Industrial Building			<input type="checkbox"/> Legal Non-Conforming Use	
Specify Type:			<input type="checkbox"/> Variance:	
<input type="checkbox"/> Sign/Billboard/Structure/Tower			<input type="checkbox"/> Other (Specify):	
Specify Type:				

SUBMISSION CHECKLIST

SITE PLAN – Copy of survey or scale drawing showing the parcel dimensions, nearest building, rights-of-way, driveways, easements, power lines, and location of sign in relationship to property lines, rights-of-way, and nearest building.

CERTIFICATION

BY MY SIGNATURE, I AFFIRM THAT: I have read and understand the information provided on this form; this property is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application, pursuant to § 6-29-1145 of the South Carolina Code of Laws; and that no sign will be erected without the required sign permit.

Signature of Applicant	Printed Name and Title of Applicant	Date
Signature of Owner(s)	Printed Name(s)	Date

OFFICE USE ONLY

Action: Denied Approved Approved subject to: _____

Permit Fee: \$ _____ Receipt #: _____ Authorized by: _____