

ZONING COMPLIANCE APPLICATION NEW CONSTRUCTION

Code Compliance and Development Office 100 E Windsor St, Westminster, SC 29693-0399 864-647-3200 X 105 www.westminstersc.org

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

SC LLR License #:

BUILDING DETAIL/MINIMUM REQUIREMENTS		PARKING/MINIMUM REQUIREMENTS				
	BLDG 1	BLDG 2	BLDG 3		SPACES PLANNED	SPACES REQ'D
Total Square Footage	:			Seating Capacity:		
Height from Grade Level	:			Percent of Capacity:		
Percent of Lot Coverage	:			Sleeping Rooms:		
Public Water	:			Classrooms:		
Private Water/Well	:			Patient Beds:		
Public Sewer	:			Pumps:		
Septic	:			Lanes:		
Electric	:			Holes:		
Other (specify):				Other (specify):		
				Loading/Unloading:		
	SITE	ONAL REQUIREMENTS				
Minimum Requirements		Per Plans				
Lot Area:		SQ FT/A	NC	Lot Area:	5	SQ FT
Lot Width (at setback):		LF		Lot Width (at setback):	l	F
Setbacks:		Setbacks:				
Front		LF		Front	l	_F
Side		LF		Side	l	_F
Side		LF		Side	L	_F
Rear		LF		Rear	L	_F
Street Frontage:		LF		Street Frontage:	l	F

APPLICATION INFORMATION NEEDED FOR SUBMISSION

SITE PLAN – Show location of all proposed and existing site improvements (buildings, structures, decks, balconies, patios, driveways, walks, and fences) show dimensions of each and distance to each property line, and easements of record.

CERTIFICATION

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.

Signature of Applicant	Printed Name and Title of Applicant	Date	
OFFICE USE ONLY			
Conditional Approval	□Approved subject to obtaining and complying with a val /or Exemption:		
Authorized By:	Date:		