Zoning Compliance Review
$10 Fee

Applicant
Name _____
Mailing Address _____
Phone Number _____ Email Address _____

Property
Location _____

Zoning Classification _____ Proposed Use _____

Tax Map Number _____

Minimum Requirements:

Lot Width: _____
Lot Area: _____
Front Setback _____
Side Setback _____
Rear Setback _____

Buffer Required: ____ Yes ___No

Parking: _____ required parking spaces

Property owner is responsible for the accuracy of the information presented regarding their property (lot dimensions, right of way, site plan, etc).

By my signature I affirm that: I have read and understand the information provided on this form.

_____ _____
Applicant Signature Date

_____ _____
Approval Signature Date

P. O. BOX 217 PICKENS, SOUTH CAROLINA 29671
TELEPHONE (864) 878-6421
FAX (864) 878-0450