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: _____

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
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