

**ZONING PERMIT APPLICATION**  
**COLLETON COUNTY PLANNING AND DEVELOPMENT**  
P.O. Box 98 - 31 Klein Street - Walterboro, SC 29488  
**Office #** (843) 549-1709      **Fax #** (843) 549-9014  
**Inspection Line #** (843) 549-1844  
**Website:** colletoncounty.org/planning-and-development



|  |                         |   |                   |  |                           |                  |
|--|-------------------------|---|-------------------|--|---------------------------|------------------|
| <b>PERMIT TECHNICIAN / OFFICE ONLY</b> |                         | <b>PERMIT #</b>   |                   | <b>PERMIT TECHNICIAN / OFFICE ONLY</b> |                           |                  |
| <b>RCVD BY</b>                         | <b>DATE</b>             |   | <b>PERMIT FEE</b> | <b>RECEIPT NO.</b>                     | <b>DATE PERMIT ISSUED</b> | <b>ISSUED BY</b> |
|  | <b>APP Rcvd</b>         | <b>COMPL APP Rcvd</b>                                     |                   |  |                           |                  |
|  |                         |   |                   |  |                           |                  |
| <b>Flood Zone:</b>                     | <b>Zoning District:</b> | <b>Zoning Overlay: Airport Overlay or Image Corridor:</b> |                   |  |                           |                  |

| ZONING PERMIT TYPE  |   |  |  |  |                                  |
|---|---|--|--|--|----------------------------------|
| <input type="checkbox"/> Verification Letter/ Letter of Intent            | <input type="checkbox"/> Change Use             | <input type="checkbox"/> Land Use            | <input type="checkbox"/> Temporary Event                                   | <input type="checkbox"/> Home Occupation   |                                  |
| <input type="checkbox"/> Communication Tower                              | <input type="checkbox"/> Docks/Boat House       | <input type="checkbox"/> Fence               | <input type="checkbox"/> Ground Mounted Solar Panels                       | <input type="checkbox"/> Handicap Ramp     |                                  |
| <input type="checkbox"/> Signs  | <input type="checkbox"/> Swimming Pool/Spa      | <input type="checkbox"/> Camper/RV           | <input type="checkbox"/> Camper/RV Park                                    | <input type="checkbox"/> Manufactured Home | <input type="checkbox"/> MH Park |
| <input type="checkbox"/> Single-Family Home                               | <input type="checkbox"/> Multi-Family Residence | <input type="checkbox"/> Commercial Business | <input type="checkbox"/> Accessory Structure 225 ft <sup>2</sup> and Under |  |                                  |
| <input type="checkbox"/> Accessory Structure 226 ft <sup>2</sup> and Over | <input type="checkbox"/> Other                  |  |  |  |                                  |

| PROJECT DESCRIPTION   |  |
|---|--|
| <b>BE SPECIFIC. A FULL AND ACCURATE DESCRIPTION IS NEEDED. IF YOU NEED MORE SPACE ATTACH ANOTHER PAGE.</b>  |  |
| <ul style="list-style-type: none"> <li>• STRUCTURE SQUARE FOOTAGE</li> <li>• STRUCTURE/OBJECT MEASUREMENTS</li> <li>• PROPOSED STRUCTURE HEIGHT</li> <li>• PROPOSED SETBACKS FROM APPROVED EXISTING STRUCTURES</li> <li>• PROPOSED SETBACKS FROM PROPERTY BOUNDARY LINES</li> </ul> |  |
|   |  |
|   |  |
|   |  |
|   |  |

| <b>ADDITIONAL INFORMATION MAY BE REQUIRED - SUCH AS THE PROPOSED LAND USE OR STRUCTURE CLASSIFIED AS COMMERCIAL</b> |  |
|---|--|
| SITE LOCATION   |  |
| Address   | City   |
| Tax Map #   | Zip Code   |
| Lot #   | Block #  |
| Plat - Book#  | Page #   |
| Subdivision Name:   | Restrictive Covenants: <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| Leased or Rental Property: <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |  |
| Currently on this property?   | # Of Principal Structures (permanent dwellings, commercial building) – (active or inactive): |
|   | # Of Accessory Structures:   |

| <b>Attention: A Family Group Development Declaration must be signed and submitted with this permit for 2 or more dwellings</b> |                 |      |          |        |
|--|-----------------|------|----------|--------|
| NAME   | MAILING ADDRESS | CITY | ZIP CODE | PHONE# |
| Land Owner   |                 |      |          |        |

Email Address: \_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Authorized / Legal Represent. ----- Must sign Authorization Form or Notarized Document or Signed Contract</b> |  |  |  |  |
|  |  |  |  |  |

Email Address: \_\_\_\_\_

| DIRECTION (STEP-BY-STEP)   |  |
|--|--|
| <b>31 Klein to Site Location: NOTE: Correct Address Posted at Site is Required Before Submitting Application</b> |  |
|  |  |
|  |  |
|  |  |

OFFICE USE ONLY PERMIT # \_\_\_\_\_

**CORRESPONDING PERMITS/CASE NUMBER**

SPECIAL EXCEPTION / VARIANCE (IF APPLICABLE)

Special Exception # \_\_\_\_\_

Variance # \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

I hereby, certify the above information is correct and understand that if any information is found to be incorrect the permit(s) may be revoked. **Signed by:**  **Owner**  **Representative**  **Contractor**

1. No work will be started before a permit is issued
2. No work will be started before permit card is posted or continued if the permit card is destroyed
3. Current or outstanding violations on a property can prevent the issuance of a requested permit.
4. Contractor and subcontractors will secure (if required) a contractors' license before beginning work.
5. This permit is void if the job is not started within 6 months of the final review approval date.
6. The undersigned owner, representative, or contractor understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances codes or laws, and that any omission of or misrepresentation of fact without intention of the undersigned or any alteration of change from this application without the approval of the Colleton County Planning and Development Department in writing, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public property.
7. Owner/Agents are responsible for checking any Deed Restrictions and Covenants, Wetlands Encroachment, and FAA zoning conditions.

**Print Applicant Name**

**Applicant Signature**

**Date**

**ZONING APPROVAL**

COMPLETED BY ZONING ADMINISTRATOR OR PLANNING DIRECTOR

Current Use of Building/Land: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Wind Zone:  120  130  140

Seismic Zone:  C  D<sub>0</sub>  D<sub>1</sub>  D<sub>2</sub>

FEMA Flood Zone:  X  0.2%  A  AE  V  VE **SEE FLOOD APPLICATION IF FLOOD ZONE IS A, AE, V, OR VE**

Riparian Buffer:  No  Yes  
 min. distance ft. actual distance: ft.

Wetlands:  No  Yes, If yes where?  
 On property – not at site location  
 At the proposed site location

Zoning District:  VC  CC  LID  ID  PDD  RC-1  RC-2  RD-1  RD-2  RS  UD-1  UD-2

Zoning Overlay:  Image Corridor  Airport Overlay – Zone: \_\_\_\_\_ Land Area: \_\_\_\_\_ Acres.

Zoning Restrictions:  Permitted Use  Conditional Use  Special Exception  Temporary User (Type): \_\_\_\_\_

Proposed Use:  Industrial  Commercial  Residential  Farm Structure  Exempt  Principal  Accessory

Plat/Site Plan:  1<sup>st</sup> Ok  Updated Ok  
 Landscaping:  N/A  1<sup>st</sup> Ok  Updated Ok  
 Parking:  N/A  1<sup>st</sup> Ok  Updated Ok  
 Lighting:  N/A  1<sup>st</sup> Ok  Updated Ok

|                    |                                    |                                    |                                   |   |
|--------------------|------------------------------------|------------------------------------|-----------------------------------|---|
| Building Setbacks: | Front: min. _____<br>Actual. _____ | Sides: Min. _____<br>Actual. _____ | Rear: Min. _____<br>Actual. _____ | Corner/Dual Frontage:<br>Min. _____ Actual. _____ |
|--------------------|------------------------------------|------------------------------------|-----------------------------------|---|

Case Number:  Special Exception \_\_\_\_\_  Variance \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Approved By: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved Date: \_\_\_\_\_