



 Planning Department
Zoning Permit

| Applicant Information | Property Information |
|-----------------------|--|
| Name: | Owner: |
| Address: | Address: |
| Phone: | Tax Map and Parcel: |
| Contractor: | Zoning District: |
| Phone: | Flood Zone: |
| Purpose: | Required Review: <input type="checkbox"/> Simple Site Plan <input type="checkbox"/> Detailed Site Plan <input type="checkbox"/> Development of Significant Impact <input type="checkbox"/> Major Development of Significant Impact |

IMPORTANT: The granting of approval of this zoning review shall not be construed to be approval of any violations of the standards or provisions of the Zoning Ordinance of the City of Charleston. The issuance of a Building Permit, based upon an approved site plan, shall not prevent the Planning Director from thereafter requiring correction or modification of said site plan or preventing operation from being carried on there under when in violation of said Ordinance.

Please sketch a site plan of proposed work in the space provided below.

The undersigned applicant agrees to all above mentioned information and is required to comply by all conditions set forth on this application. If said applicant fails to comply, this permit shall be revoked and a monetary penalty will be issued by the Planning Department.

Applicant Signature

Date

Zoning Official Signature and Title

Date

| Planning Department Use Only |
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| Additional reviews necessary: <input type="checkbox"/> City Engineer <input type="checkbox"/> Traffic Engineer <input type="checkbox"/> Municipal Planning Commission |
| Additional comments: |

