

# Charleston County Clearing and Grubbing Package

### Drawings to be returned to the Planning Department

	A copy of the site plan drawn to an engineer's scale showing all grand trees, area to be cleared, and access routes*.  Any lot abutting a critical line also requires a current signed OCRM delineation.  Tree survey or signed letter from Civil Engineer or Landscape Architect, including seal and signature, indicating all trees to be protected or removed, to include dead and damaged trees.
For	ms to be returned to the Planning Department
	Letter of Intent for Clearing and Grubbing / Stormwater Application for Single Family Residential & Small Commercial Projects Restrictive Covenants Affidavit Tree Affidavit
	Fees to be paid (cash, check or credit card) Fees paid <i>after</i> zoning and stormwater review
	\$25 Zoning fee \$100 Stormwater fee (permit application will be reviewed by stormwater)
	Submit electronically by emailing completed documents with site plan to: <a href="mailto:zoningpermits@charlestoncounty.org">zoningpermits@charlestoncounty.org</a>

<sup>\*</sup>Additional documents may be necessary for permitting as needed depending on the project particulars



**Zoning and Planning Department** 

Joel H. Evans, AICP, PLA, Director Lonnie Hamilton III Public Services Building 4045 Bridge View Drive North Charleston, SC 29405 843.202.7200

Vacant for more than 2 years: Yes No

Name of Overlay District:

Date:

### Letter of Intent for Clearing and Grubbing

	Clearing and Grubbing
Applicant Information	
First Name:	Last Name:
Your Mailing Address:	
Home/Cell Phone #:	
Email Address:	
Property Information	
Address:	
Zoning District:	
Tax Map # / Property Ident	ification #:
Total Acres:	
Acres Disturbed:	
Please pro	ovide a detailed explanation of your proposed use:
Signature:	Date:
Zaning Districts	OFFICIAL USE ONLY
Zoning District: TMS#:	Taken in by:

03/23/16

**Home Occupation:** 

**Overlay District:** 

**Approved:** 

Yes

Yes

Yes

No

No

No

By:



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### **RESTRICTIVE COVENANTS AFFIDAVIT**

I,	, have reviewed the restrictive covenants applicable to	
PID # (Parcel Identification #) / TMS	# (Tax Map #):,	
located at (address), and the proposed application is not c		
to, does not conflict with, and is not p	prohibited by any of the restrictive covenants, as specified in	
South Carolina Code of Laws, Section	6-29-1145.	
(Signature)	(Date)	
	(Print Name)	
	ection 6-29-1145 requires local governments to inquire in the permit application, or in or parcel of land is restricted by a recorded covenant that is contrary to, conflicts with ght.	
For Staff Use Only:		
Received by Date	Application Number	
03/23/16		



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#### TREE AFFIDAVIT

#### SINGLE FAMILY RESIDENTIAL HOMES

Ι,	, hereby certify that proposed development at
(address):	,
PID # (Parcel Identification #) / TMS # (Tax N	Map #):
	ation, removal or destruction of any required Grand cle 9.4 Tree Protection and Preservation of the nt Regulations Ordinance.
Tree protective barricades shall be placed aroun described in Article 9.4.4.B Tree Protection I	d all required trees in or near development areas as During Development and Construction.
requirements of Charleston County. I am awa	ctions not in compliance with tree preservation are that violations may result in stop work orders, ys in issuance of certificate of occupancy, fines and of Zoning Appeals of Planning Director.
(Owner / Representative Signature)	(Date)
(Prin	nt Name)
For Staff Use Only:	
Received by Date	Application Number
03/23/16	



### Letter of Intent for Clearing and Grubbing

Zoning and Planning Department Joel H. Evans, AICP, PLA, Director Lonnie Hamilton III Public Services Building 4045 Bridge View Drive North Charleston, SC 29405 843.202.7200

## Applicant Information

First Name:				Last Name:
Your Mailing Addre	ess:			
Home/Cell Phone #	:			
Email Address:				
<b>Property Informat</b>	ion			
Address:				
Zoning District:				
Tax Map #/Proper	ty Ident	ificatio	n #:	
Total Acres:				
Acres Disturbed:				
Please provide a detailed explanation of your proposed use:				
Signature:				Date:
OFFICIAL USE ONLY				
<b>Zoning District:</b>				Taken in by:
TMS#:			-	
Home Occupation:	Yes	No		Vacant for more than 2 years: Yes No
<b>Overlay District:</b>	Yes	No		Name of Overlay District:
Approved:	Yes	No	By:	Date:



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### **RESTRICTIVE COVENANTS AFFIDAVIT**

Ι,	, have reviewed the restrictive covenants applicable to	
PID # (Parcel Identification #)	/ TMS # (Tax Map #):	
located at (address), and the proposed application is not o		
to, does not conflict with, and i	not prohibited by any of the restrictive covenants, as specified	
South Carolina Code of Laws, S	ection 6-29-1145.	
(Signature)	(Date)	
	(Print Name)	
For Staff Use Only:		
Received by	Date Application Number	
03/23/16		



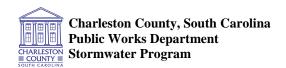
**Zoning and Planning Department** 

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### TREE AFFIDAVIT

#### SINGLE FAMILY RESIDENTIAL HOMES

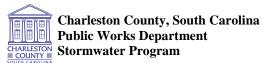
I,		, hereby certify that propose	ed development at
(address):			
PID # (Parcel Identificat	ion #) / TMS # (Tax N	Лар #):	
Tree (24" DBH or great	er) as defined in Artic	ation, removal or destruction of a le 9.4 Tree Protection and Protection and Protection and Protections Ordinance.	
*	•	d all required trees in or near de During Development and Cons	*
requirements of Charlest revocation of zoning and	on County. I am awa building permits, delay	etions not in compliance with re that violations may result in ys in issuance of certificate of oc of Zoning Appeals of Planning I	stop work orders, ecupancy, fines and
(Owner / Repr	resentative Signature)		(Date)
	(Prin	t Name)	
		,	
For Staff Use Only:			
Received by	Date	Application Number	
03/23/16			



### Public Works Department Letter of Intent

Applicant Information: PLEASE PRINT

First Name:	Last Name:
Name of Business:	
Mailing Address:	
Home/Cell Phone #:	
Email Address:	
Property Information	
Address:	
Tax Map # / Property Identification #:	
Will drainage patterns be changed on site?	YES NO
NOTE: If YES to above, then site plan must South Carolina LLR.	be prepared by design professional as allowed to by the state of
Boutif Carolina BER	
Please provide a det	ailed explanation of your proposed activity:
Signature:	Date:



### **CLEARING AND GRUBBING APPLICATION**

### EROSION PROTECTION & SEDIMENT CONTROL CERTIFICATION

(5000 sf - 1/2 acres with no proposed development)

Application Date —		
Applicant Information OWNER:	Contact:	
CITY:	STATE:	ZIP CODE:
PHONE:	CELL PHONE:	_ FAX:
EMAIL:		
Property Information PARCEL/TMS#:		
	SS:	
	ZIP CODE:	•
TOTAL ACRES:	DISTURBED ACRES:	
DESCRIBE WORK:		<u> </u>
Owner/Operator must sign	n the certification below.	
Activity Management Requirement Acre in the attached document. I authorize and consent that Charle ensure compliance with all related	aw that I understand and will comply nts for Single Family Residential Struwill ensure that the control measure eston County inspectors may enter used requirements of the Ordinance of the conducting work on the property.	uctures Disturbing Less Than 1 s are maintained. I further upon the premises as necessary to or Manual. I further ensure that I have all
NAME (Please Print):		
SIGNATURE:	DA	TF: