

# **Charleston County Temporary Sales**

FC	orms to be returned to the Planning Department					
	<ul> <li>□ Letter of Intent</li> <li>□ Application Form</li> <li>□ Restrictive Covenants Affidavit</li> </ul>					
Docum	entation to be submitted to the Planning Department					
	<ul><li>☐ Site Plan</li><li>☐ Letter of Coordination from provider of bathroom facilities</li></ul>					
Fees to be paid (cash, check or credit card)  Fees paid <i>after</i> zoning review						
	\$50 Zoning fee					
	Submit electronically by emailing completed documents to:					
	zoningpermits@charlestoncounty.org					

\*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

## **Letter of Intent**

Applicant Information							
First Name:		Last Name:					
First Name:		Last Name.					
Your Home Address:							
Home/Cell Phone #:							
Email Address:							
Property Information							
Business Address:							
Is this your residence?							
Name of Business and/or Pro	oject:						
TMS #:							
Days of Operation:		Hours of Operations:					
Number of Employees:		Zoning District:					
Please pro	vide a <u>det</u>	ailed explanation of your proposal:					
Signature:		Date:					
		Office Use Only					
Zoning District: TMS#:		Taken in by:					
		Flood Zone:					
Home Occupation:   Yes	□ No	Vacant for more than 2 years: ☐ Yes ☐ No					
Overlay District:	□ No	Ingress/Egress: ☐ Private ☐ Muni ☐ County ☐ State  Drainage Easements: ☐ Yes ☐ No					
Traine of Overlay District.		<u> </u>					
Approved use? ☐ Yes	□ No						
Approved: ☐ Yes	□ No	By: Date:					

## **County of Charleston**

## **ZONING PERMIT APPLICATION**

**Applicant (your information):** 

Public Services Building Planning Department 4045 Bridge View Drive North Charleston, SC 29405 Phone 843-202-7200 Fax 843-202-7222



First Name:					Last Name:									
Your Home Address:					City, State, Zip:									
Phone #:						E-mail address:								
			Informa PID)/ Tax M			S):								
Project P	ropert	y Ad	dress with	City, S	itat	e & Zip Co	de:	(Where the	e woi	k will b	e comple	ted)		
Applying	for (se	lect	one):											
			y Residence	•		Addition				Tree F	Removal			
Access			-			Power Po	ole			Busin	ess Licens	e		
	Demolition				Electrical			Safety Inspection						
Mobile	Home	e (in	flood zone		Commerc			<del></del>			enerator/Stand			
Mobile	Home	e (no	t in flood z	one)	Solar Pan			nels		Temporary Sales				
Pool				Site Const			truction		Tower					
Renovation / Alteration				Fence					Signage					
Construction	on Info	rma	tion For NE	W Coi	nsti	ruction (DC	) N	OT LIST EXI	STIN	G):				
1 <sup>st</sup> Floor	<b>2</b> <sup>nc</sup>		3 <sup>rd</sup> Floor	Attached or Drive			_	Detached		ered	Shed/Deck/		Pool SQ	
SQ FT	Floo	or	SQ FT	Under Garage SQ				arage SQ	Por	ch SQ	Carport		FT	
·	SQ I	FT_		FT (CIRCLE ONE)				FT		FT	(CIRCLE ONE)			
Building Total Heated			-	Total Cost of			Mobil	Addition only		Generator				
Height SQ FT		(	Construction			Home SQ FT		Added SQ FT		and/or				
										stand SQ FT				
<u> </u>														
Applicant Signature: Date:														
Official Use C	Only:								<u> </u>					
Received By: Date:				:				A	pp #:					



Joel H. Evans, AICP, PLA Zoning & Planning Director 843.202.7200 1.800.524.7832 Fax: 843.202.7222 Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive North Charleston, SC 29405-7464

### **RESTRICTIVE COVENANTS AFFIDAVIT**

Ι,	_, have researched the restrictive covenants applicable to
Parcel Identification Number/s (PID #)	located at
(address/es)	, and have found that either there are no restrictive
covenants applicable to the subject prope	erty/properties or that the proposed application is not contrary to, does not
conflict with, and is not prohibited by an	y of the restrictive covenants, as specified in South Carolina Code of Laws,
Section 6-29-1145.	
(Signature)	(Date)
(Signature)	(Date)
	(Print Name)
For Staff Use Only:	
Received by Da	ate Application Number