



Charleston County Clearing and Grubbing Package for Single Family Residential Projects

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.

Forms 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 *after* 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:
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

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 contrary
to, does not conflict with, and is not prohibited by any of the restrictive covenants, as specified in
South Carolina Code of Laws, Section 6-29-1145.

(Signature)

(Date)

(Print Name)

Explanation:

Effective July 1, 2007, South Carolina Code of Laws Section 6-29-1145 requires local governments to inquire in the permit application, or in written instructions provided to the applicant, if a tract or parcel of land is restricted by a recorded covenant that is contrary to, conflicts with or prohibits an activity for which a permit is being sought.

(Section 6-29-1145 is copied on the back of this page)

For Staff Use Only:

Received by _____ Date _____ Application Number _____



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TREE AFFIDAVIT
SINGLE FAMILY RESIDENTIAL HOMES

I, _____, hereby certify that proposed development at
(address): _____,

PID # (Parcel Identification #) / TMS # (Tax Map #): _____

will be undertaken without the disturbance, alteration, removal or destruction of any required Grand Tree (24" DBH or greater) as defined in **Article 9.4 Tree Protection and Preservation** of the Charleston County Zoning & Land Development Regulations Ordinance.

Tree protective barricades shall be placed around all required trees in or near development areas as described in **Article 9.4.4.B Tree Protection During Development and Construction**.

I assume full legal responsibility for any actions not in compliance with tree preservation requirements of Charleston County. I am aware that violations may result in stop work orders, revocation of zoning and building permits, delays in issuance of certificate of occupancy, fines and replacement of trees as mandated by the Board of Zoning Appeals of Planning Director.

(Owner / Representative Signature) (Date)

(Print Name)

For Staff Use Only:

Received by _____ Date _____ Application Number _____



**Public Works Department
 Letter of Intent**

Applicant Information: **PLEASE PRINT**

<i>First Name:</i>	<i>Last Name:</i>
<i>Name of Business:</i>	
<i>Mailing Address:</i>	
<i>Home/Cell Phone #:</i>	
<i>Email Address:</i>	

Property Information

<i>Address:</i>
<i>Tax Map # / Property Identification #:</i>
<i>Will drainage patterns be changed on site?</i> <i>YES</i> <i>NO</i>
<i>NOTE: If YES to above, then site plan must be prepared by design professional as allowed to by the state of South Carolina LLR.</i>

<i>Please provide a detailed explanation of your proposed activity:</i>	
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:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
PHONE: _____ **CELL PHONE:** _____ **FAX:** _____
EMAIL: _____

Property Information

PARCEL/TMS#: _____
DEVELOPMENT ADDRESS: _____
CITY: _____ **ZIP CODE:** _____
TOTAL ACRES: _____ **DISTURBED ACRES:** _____
DESCRIBE WORK: _____

Owner/Operator must sign the certification below.

I certify under penalty of law that I understand and will comply with the County's Construction Activity Management Requirements for Single Family Residential Structures Disturbing Less Than 1 Acre in the attached document. I will ensure that the control measures are maintained. I further authorize and consent that Charleston County inspectors may enter upon the premises as necessary to ensure compliance with all related requirements of the Ordinance or Manual. I further ensure that I have all rights, easements, or permission to be conducting work on the properties for which I have applied.

NAME (Please Print): _____

SIGNATURE: _____ **DATE:** _____