



Mobile Home Zoning Permit Checklist

If applicable (1) Hard Copy of a Site Plan is required for Private Right of Way Easement and **MUST** be approved by the Planning Department prior to Public Works approval.

Tax Map Number (Can be found on Tax Bill or provided by staff)

Address to be assigned by 911 addressing (in Planning Dept.)

Tree survey -OR- Signed letter from Civil Engineer or Landscape Architect

All tree surveys shall include the name, phone number, address, signature, and seal of a licensed surveyor, landscape architect, or civil engineer registered in the State of South Carolina. The survey shall include all trees to be protected or preserved, and those scheduled to be removed, including dead and damaged trees.

Signed Tree Affidavit (in Planning Dept.)

Signed Restrictive Covenants Affidavit (in Planning Dept.)

Signed Ingress/Egress/Private Easement Affidavit (In Planning Dept.)

Paid Receipt from local provider for public water & sewer -OR-

Septic Tank Approval (from DHEC) and Well Notice of Intent (NOI) Approval Letter from DHEC

Affidavit signed by the property owner or by legal representative if there is existing well/septic or public water/sewer, if applicable (in Planning Dept.)

Site Plan

- Drawn to **Engineer's Scale**: (1"= 10', 20', 30', 40', 50' or 60')
- Information to include in site plan:
 1. Property dimensions (may be found on a recorded plat, which can be obtained from the ROD Office located at 101 Meeting Street, Downtown)
 2. Dimensions and locations of all existing and proposed structures and improvements
 3. Setbacks, driveways, etc.
 4. Grand Trees (24' DBH or greater) that are in the footprint of a structure, except pines
 5. **Wetlands/OCRM Critical Line delineated, approved, stamped and signed every (5) years by Coastal Council (if applicable)**

Floor Square Footage (see below)

- First, Second, and Third Floor, Covered Porch, Non-Covered Decks, Garage, Parking Under, Storage, Building Height, Etc. to be included on Zoning Application

Fee Required for Zoning Permit

Cash, Check with valid state I.D. or credit card

To submit by email, please send to zoningpermits@charlestoncounty.org

Important Contact Information:

Planning/Zoning 202-7200

Mobile Homes 958-4151 or 958-4142

DHEC/Septic/Well 953-0150

OCRM/ Coastal Council 953-0200

www.charlestoncounty.org

Building Services 202-6930

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:

Subject Property Information:

Project Parcel ID # (PID)/ Tax Map # (TMS):

Project Property Address with City, State & Zip Code: (Where the work will be completed)

Applying for (select one):		
<input type="checkbox"/> New Single Family Residence	<input type="checkbox"/> Addition	<input type="checkbox"/> Tree Removal
<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Power Pole	<input type="checkbox"/> Business License
<input type="checkbox"/> Demolition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Safety Inspection
<input type="checkbox"/> Mobile Home (in flood zone)	<input type="checkbox"/> Commercial	<input type="checkbox"/> Generator/Stand
<input type="checkbox"/> Mobile Home (not in flood zone)	<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Temporary Sales
<input type="checkbox"/> Pool	<input type="checkbox"/> Site Construction	<input type="checkbox"/> Tower
<input type="checkbox"/> Renovation /Alteration	<input type="checkbox"/> Fence	<input type="checkbox"/> Signage

Construction Information For NEW Construction (DO NOT LIST EXISTING):

1 st Floor SQ FT	2 nd Floor SQ FT	3 rd Floor SQ FT	Attached or Drive Under Garage SQ FT (CIRCLE ONE)	Detached Garage SQ FT	Covered Porch SQ FT	Shed/Deck/ Carport (CIRCLE ONE)	Pool SQ FT

Building Height	Total Heated SQ FT	Total Cost of Construction	Mobile Home SQ FT	Addition only Added SQ FT	Generator and/or stand SQ FT

Applicant Signature:	Date:

Official Use Only:

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Received By:

Date:

App #:



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

I, _____, 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 property/properties or that 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 _____



Joel H. Evans, AICP, PLA
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ZONING & PLANNING DEPARTMENT

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 _____