



CHARLESTON COUNTY ZONING/PLANNING DEPARTMENT
SUBDIVISION APPLICATION

DATE: _____

APPLICATION #: _____

RECEIVED: _____

TYPE: _____

OWNER: _____

TMS #: _____

ADDRESS: _____

LOCATION: _____

OF LOTS: _____ **ACRES:** _____

TELEPHONE: _____

ZONING DISTRICT: _____

PRE-APPLICATION CONFERENCE: YES / NO **DATE** _____

APPLICANT: _____

SURVEYOR: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____

TELEPHONE: _____

PLAT APPROVED: _____

PLAT RECORDED: **BK** _____ **PG** _____

BK _____ **PG** _____

DEED RECORDED: **BK** _____ **PG** _____

Special Notes: _____
