

Site Plan Review Application

County of Charleston Zoning & Planning Department

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



The following documents are to be submitted to the Zoning and Planning Department for review in compliance with the *Charleston County Zoning and Land Development Regulations Ordinance (ZLDR)*. Prior to approval, staff may identify and request additional documentation upon review to ensure compliance. Please see the checklist for additional information.

- 1) Current Approved and Recorded Plat showing present boundaries of property.
- 2) A Letter of Intent signed by the applicant or property owner(s) stating the name of the business, intended use of parcel/building, hours of operation, number of employees, etc.
- 3) Restrictive Covenants Affidavit(s) signed by the applicant or current property owner(s).
- 4) Tree Affidavit signed by the applicant or current property owner(s).
- 5) An accurate, legible **Site Plan drawn to Engineer's Scale**. The site plan(s) should show the existing and proposed site conditions including: property dimensions, dimensions and locations of all existing and proposed structures and improvements, parking areas, Grand tree survey (Any tree measuring 24 inches or greater diameter breast height (DBH) or other protected trees) within 40' of the project area, saltwater wetlands (properties containing SCDES-OCRM Critical Line areas must contain an up to date SCDES-OCRM signature on the site plan or plat), holding basins, and buffers when applicable.
- 6) Fee: \$50 for Limited SPR; \$250 or \$500 for Full SPR (based on building size/disturbance) - payment can be made via check, cash, card, or applicant may request invoice for online payment.

Applicant Name: _____

Mailing Address: _____

City, State, Zip Code _____

Phone #: _____ Fax #: _____

Email address: _____

Owner's Name: _____ Phone #: _____

Owner's Email: _____

If the owner does not wish to receive correspondence related to the SPR application, please check here: ☐

Subject Property Address: _____ T.M.S. #: _____

Project Description: _____

Applicant Signature _____

Date _____

OFFICE USE ONLY

Zoning District:	Overlay District:	Plat Book/Page:
Flood Zone:	Address Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Exception Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	LSPR or ZSPR Case #:	
LSPR <input type="checkbox"/> ZSPR <input type="checkbox"/> Fee:	Application Date:	
Comment Review Meeting Date/Time:		