



216 S. Catawba Street  
PO Box 1149  
Lancaster SC 29721-1149  
Phone: 803-283-4253  
Fax: 803-286-5927

## Zoning Permit Application

This form must be completed and signed by the applicant and the Code Official. Payment is due at time of application submittal. Approval is contingent upon an inspection of the property and correction of any noted deficiencies. A copy of a site plan may be required.

**P L E A S E P R I N T C L E A R L Y !**

Application Fee: **\$45.00 / \$150.00**

Application Date: \_\_\_\_\_ Application Taken By: \_\_\_\_\_

Name: \_\_\_\_\_

Premise Location: \_\_\_\_\_ City/State/Zip: Lancaster SC 29720

Occupancy Type: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I hereby acknowledge and understand all applicable requirements for obtaining a City Business License as attached hereto.

Applicant Signature of Receipt: \_\_\_\_\_ Date: \_\_\_\_\_

### For Internal Use Only

Comments: \_\_\_\_\_  
\_\_\_\_\_

Site plans attached?  Yes  No

I have reviewed the proposed use for the building and find that it complies with the applicable zoning requirements.

Zoning: \_\_\_\_\_ Building Official: \_\_\_\_\_ Date: \_\_\_\_\_