



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

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: **\$50.00 / \$155.00**

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: _____