

**CLARENDON COUNTY  
PLANNING DEPARTMENT**  
411 Sunset Drive Manning, SC 29102  
Ph. 803-435-8672 Fax 803-435-2208

**APPLICATION FOR PERFORMANCE ZONING CERTIFICATE**

Fee: \$50.00 Project Number: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Received By: \_\_\_\_\_

**In accordance with the provisions of 6-29-1145 of the SC Code of Laws, you (the applicant) must let us know if there are any restrictive covenants on the tract or parcel of land that is contrary to, conflicts with, or prohibits the requested activity.**

The undersigned hereby applies for a Zoning Certificate for the following use, to be issued on the basis of the representations contained herein, all of which applicant swears to be true.

1. Tax Map Number: \_\_\_\_\_
2. Location of Property: \_\_\_\_\_
3. Name of Land Owner: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
4. Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Address: \_\_\_\_\_
5. Proposed use: ( ) Manufactured Home ( ) Stick-built or Modular Residence ( ) Multi-Family  
( ) Garage ( ) Accessory Building ( ) Business ( ) Industry ( ) Other \_\_\_\_\_
6. Sketch a lot, showing proposed structure and any existing structures or use for which this application is made.

(Fill in all directions and indicate which direction is north.)

- A. Main road frontage \_\_\_\_\_ ft.
- B. Set back from right-of-way \_\_\_\_\_ ft.
- C. Side yard clearance \_\_\_\_\_ side \_\_\_\_\_ ft.  
\_\_\_\_\_ side \_\_\_\_\_ ft.
- D. Rear yard clearance \_\_\_\_\_ ft.
- E. Depth of lot from right-of-way \_\_\_\_\_ ft.
- F. Dimensions of building – Width \_\_\_\_\_ ft. ↑  
Depth \_\_\_\_\_ ft.
- G. Highest point of building above established grade \_\_\_\_\_ ft.
- H. Width and length of driveway \_\_\_\_\_ W \_\_\_\_\_ L
- I. Off street parking space \_\_\_\_\_ sq. ft.



7. Buildings: Use \_\_\_\_\_  
Number of stories \_\_\_\_\_ Basement \_\_\_\_\_  
Usable floor space designed for use as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories. First floor \_\_\_\_\_ sq. ft.  
Second floor \_\_\_\_\_ sq. ft. Basement \_\_\_\_\_ sq. ft.
8. Do you have a "Septic Tank Permit" or other approved sewage disposal from SCDHEC? Yes ( ) No ( )  
Permit Number \_\_\_\_\_ (Attach copy.)
9. Will you have a private well ( ) or public water supply ( )? (Attach public water supplier letter.)

10. Explain in detail what it is you are requesting permission to do. Attach supporting documentation and/or data if necessary or applicable. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Note: All M/Hs being located on Waterfront Lots within the Performance Zone shall be “double wide” units and shall not be older than five (5) years of age. All MHs being located on Second Row Lots within the Performance Zone shall not be older than ten (10) years of age.**

Signature of Owner: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Notary Public My Commission Expires \_\_\_\_\_

Signature of Applicant (If not owner): \_\_\_\_\_

**PERFORMANCE ZONE CERTIFICATE**

Clarendon County Planning Commission Hearing Date: \_\_\_\_\_

Upon the basis of the above application, the statements in which are made a part thereof, The Clarendon County Planning Commission approves the proposed use, in so far as all other applicable requirements of the Clarendon County Unified Development Code, Ordinance 2011-05, are adhered to.

\_\_\_\_\_  
Chairman, Clarendon County Planning Commission

**This certificate shall expire 365 days from the Planning Commission Hearing Date unless a Use or Building Permit has been issued for the approved use. This certificate neither implies nor authorizes the commencement of construction without the issuance of a Building Permit.**

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**Application Denied\***

Reason for Denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairman, Clarendon County Planning Commission

\*Applicant may not reapply for the same use within 365 days of the above Planning Commission Hearing Date.