

CLARENDON COUNTY, SOUTH CAROLINA
PLANNING DEPARTMENT
411 Sunset Drive Manning SC 29102
Ph. 803.435.8672 Fax 803.435.2208

REQUEST FOR MINOR SUBDIVISION REVIEW

Please print clearly or type

Date Submitted: _____ Project Number: _____

Project Name: _____

Tax Map Numbers: _____

Attach Complete Legal Description of whole parent parcel, i.e., metes and bounds and plat book and page.
General Location: _____

Processing Fee: \$150.00 Size in Acres: _____

Number of Lots: _____ [Section 60.05(a) limits each parcel to a maximum of 10 lots]

Applicant/representative: (Contact Person) _____

Address: _____

Telephone Number: _____ Fax Number: _____

Property Owner's Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

If the applicant is someone other than the property owner, the applicant must include a statement signed by the property owner which authorizes the applicant to apply for this specific purpose and location on his behalf. Such a statement must be attached to this Application.

CERTIFICATION

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable County Ordinances and State Laws related to land development. I am the property owner, or his authorized agent of the subject site.

Authorized Agent Name, Signature, and Date