## CLARENDON COUNTY, SOUTH CAROLINA PLANNING DEPARTMENT

411 Sunset Drive Manning, SC 29102 Ph. 803-435-8672 Fax 803-435-2208

## REQUEST FOR SUBDIVISION REQUIREMENTS EXEMPTION IMMEDIATE FAMILY MEMBER

Date Submitted:	Processing Fee: \$25.	.00
Property Owner Name:		
Tax Map Number:		
Site Location:		
Current Zoning:	Size in Acres:	
Applicant Name:		
Applicant Address:		
Phone Number:	Fax Number:	
distribution, or by gift conveyed by AND the conveyance is to an immed	deed, <b>ONLY IF</b> the resulting parciate family member. The term immildren. <b>Further, property conveya</b>	nce, under the state statute of descent and els meets the minimum DHEC standard mediate family means only mother, father ances shall not be allowed for a period of mining Commission.
<ol> <li>A copy of the properly executes</li> <li>A notarized statement verifying the grantee.)</li> </ol>	nal plats of the proposed property di- ted deed.  ng immediate family member conve- perty owner, attach a statement author	
CERTIFICATION I hereby certify that I have read this ap best of my knowledge. I am the owner		rovided above is true and accurate to the property.
Printed or Typed Applicant Name and	Signature	Date Application Signed