

# Site Plan Review Application

**County of Charleston**  
**Zoning & Planning Department**

Public Services Building  
 Planning Department  
 4045 Bridge View Drive  
 North Charleston, SC 29405  
 Phone 843-202-7200  
 Fax 843-202-7222  
[www.charlestoncounty.org](http://www.charlestoncounty.org)



The following documents are to be submitted to the Zoning and Planning Department for review in compliance with the *Charleston County Zoning and Land Development Regulations Ordinance (ZLDR)*. Prior to approval, staff may identify and request additional documentation upon review to ensure compliance. Please see the checklist for additional information.

- 1) Current Approved and Recorded Plat showing present boundaries of property.
- 2) A Letter of Intent signed by the applicant or property owner(s) stating the name of the business, intended use of parcel/building, hours of operation, number of employees, etc.
- 3) Restrictive Covenants Affidavit(s) signed by the applicant or current property owner(s).
- 4) Tree Affidavit signed by the applicant or current property owner(s).
- 5) An accurate, legible **Site Plan drawn to Engineer's Scale**. The site plan(s) should show the existing and proposed site conditions including: property dimensions, dimensions and locations of all existing and proposed structures and improvements, parking areas, Grand tree survey (Any tree measuring 24 inches or greater diameter breast height (DBH) or other protected trees) within 40' of the project area, saltwater wetlands (properties containing SCDES-OCRM Critical Line areas must contain an up to date SCDES-OCRM signature on the site plan or plat), holding basins, and buffers when applicable.
- 6) Fee: \$50 for Limited SPR; \$250 or \$500 for Full SPR (based on building size/disturbance) - payment can be made via check, cash, card, or applicant may request invoice for online payment.

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

Mailing Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

If the owner does not wish to receive correspondence related to the SPR application, please check here:

Subject Property Address: \_\_\_\_\_ T.M.S. #: \_\_\_\_\_

Project Description: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Zoning District:	Overlay District:	Plat Book/Page:
Flood Zone:	Address Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Exception Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	LSPR or ZSPR Case #:	
LSPR <input type="checkbox"/> ZSPR <input type="checkbox"/> Fee:	Application Date:	
Comment Review Meeting Date/Time:		