

County of Charleston

ZONING PERMIT APPLICATION

Public Services Building
Planning Department
4045 Bridge View Drive
North Charleston, SC 29405
Phone 843-202-7200
Fax 843-202-7222
www.charlestoncounty.org



Applicant (your information):

First Name:	Last Name:
Your Home Address:	City, State, Zip:
Phone #:	E-mail Address:

Subject Property Information:

Project Parcel ID # (PID)/Tax Map # (TMS):

Project Property Address with City, State, & Zip Code: (where the work will be completed)

Applying for (select ONE):			
☐	New Single-Family Residence	☐	Addition
☐	Accessory Structure	☐	Power Pole
☐	Demolition	☐	Electrical
☐	Mobile Home (in flood zone)	☐	Commercial
☐	Mobile Home (not in flood zone)	☐	Solar Panels
☐	Pool	☐	Site Construction
☐	Renovation/Alteration	☐	Fence/Gate

Construction Information for NEW Construction (DO NOT LIST EXISTING):

1 st Floor SQ FT	2 nd Floor SQ FT	3 rd Floor SQ FT	Attached or Drive Under Garage SQ FT (CIRCLE ONE)	Detached Garage SQ FT	Covered Porch SQ FT	Deck SQ FT	Identify the Accessory Structure: SQ FT

Building Height	Total Heated SQ FT	Total Cost of Construction	Mobile Home SQ FT	Addition only Added SQ FT	Pool SQ FT	Spa SQ FT

Applicant Signature:	Date:

Official Use Only:

Received by:	Date:	Application #

Joel H. Evans, AICP, PLA
Zoning & Planning Director



Lonnie Hamilton, III
Public Services Building
4045 Bridge View Drive
North Charleston, SC 29405
843.202.7200 Fax: 843.202.7222

ZONING & PLANNING DEPARTMENT

DEMOLITION

PROPERTY OWNER AFFIDAVIT

I, _____, hereby certify that the proposed demolition of PID # (Parcel Identification #) / TMS # (Tax Map #): _____ will be performed in compliance with the *Charleston County Zoning and Land Development Regulations Ordinance*. As the owner of record (or legal representative), I assume full legal responsibility for any actions not in compliance with these regulations.

Owner / Legal Representative's Signature

Date

For Staff Use Only:

Received by _____

Date _____

www.charlestoncounty.org

Joel H. Evans, AICP, PLA
Zoning & Planning Director



Lonnie Hamilton, III
Public Services Building
4045 Bridge View Drive
North Charleston, SC 29405
843.202.7200 Fax: 843.202.7222

RESTRICTIVE COVENANTS AFFIDAVIT

I, _____, have researched the covenants, conditions, restrictions, or rights applicable to Parcel Identification Number/s (PID #) _____ located at (address/es) _____, and have found that the tract or parcel of land is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the permitted activity that is the subject of the application for a permit, as specified in South Carolina Code of Laws, Section 6-29-1145.

Is there any recorded covenant that restricts the tract or parcel of land listed above? Yes ☐ No ☐

Property Owner/Applicant
Signature and Date

Sworn to before me this _____ Day of _____

Notary Public of South Carolina
My Commission Expires: _____

For Staff Use Only:

Received by _____ Date _____ Application Number _____

S.C. Code Annotated Section 6-29-1145. Determining existence of restrictive covenant; effect

(A) In an application for a permit, the local planning agency must inquire in the application or by written instructions to an applicant whether the tract or parcel of land is restricted by any recorded covenant that is contrary to, conflicts with or prohibits the permitted activity.

(B) If a local planning agency has actual notice of a restrictive covenant on a tract or parcel of land that is contrary to, conflicts with, or prohibits the permitted activity;

(1) in the application for the permit;

(2) from materials or information submitted by the person or persons requesting the permit; or

(3) from any other source including, but not limited to, other property holders, the local planning agency must not issue the permit unless the local planning agency receives confirmation from the applicant that the restrictive covenant has been released for the tract or parcel of land by action of the appropriate authority or property holder or by court order.

(C) As used in this section:

(1) “actual notice” is not constructive notice of documents filed in local offices concerning the property, and does not require the local planning agency to conduct searches in any records offices for filed restrictive covenants;

(2) “permit” does not mean an authorization to build or place a structure on a tract or parcel of land; and

(3) “restrictive covenant” does not mean a restriction concerning a type of structure that may be built or placed on a tract or parcel of land.



Joel H. Evans, AICP, PLA
Zoning & Planning Director

Lonnie Hamilton, III
Public Services Building
4045 Bridge View Drive
North Charleston, SC 29405
843.202.7200 Fax: 843.202.7222

TREE AFFIDAVIT

SINGLE FAMILY RESIDENTIAL HOMES

I, _____, hereby certify that proposed development at
(address): _____,

PID # (Parcel Identification #) / TMS # (Tax Map #): _____

will be undertaken without the disturbance, alteration, removal or destruction of any required Grand Tree (24" DBH or greater) and protected tree (8" DBH or greater) as defined in **Article 9.2 Tree Protection and Preservation** of the *Charleston County Zoning & Land Development Regulations Ordinance*.

Tree protective barricades shall be placed around all required trees in or near development areas as described in **Article 9.2.4.B Tree Protection During Development and Construction**.

I assume full legal responsibility for any actions not in compliance with tree preservation requirements of Charleston County. I am aware that violations may result in stop work orders, revocation of zoning and building permits, delays in issuance of certificate of occupancy, fines and replacement of trees as mandated by the Board of Zoning Appeals or Planning Director.

(Owner / Representative Signature)

(Date)

(Print Name)

For Staff Use Only:

Received by _____ Date _____ Application Number _____



Zoning & Planning Department

GENERAL SCOPE OF WORK

Applicant (your information):

First Name:	Last Name:

Subject Property Information:

Project Parcel ID # (PID)/Tax Map # (TMS):	
Project Property Address with City, State, & Zip: (Where the work will be completed)	
List of work to be completed on this project:	
Your Signature:	Date: