

SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449
SUMTER, SOUTH CAROLINA 29151
(803) 774-1660



APPLICATION FOR CONDITIONAL USE CITY COUNTY

Conditional Use Type: In Home Day Care C-300 C-500 C (Staff Approval)
(# of Children:)

Applicant's Name _____

Applicant's Address _____
Street _____

City _____ State _____ Zip _____ Phone _____

Applicant's E-mail _____

Owner's Name _____

Owner's Address _____
Street _____

City _____ State _____ Zip _____ Phone _____

Tax Map No. _____ Size of Parcel(s) _____

Property Location _____

Legal Description (Plat is required if not on Tax Map) _____

Present Zoning _____ Present Use of Property _____

Proposed Use / SIC Code _____

Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit? Yes No

Use of Adjacent Property *Front* _____ *Side* _____
Rear _____ *Side* _____

Signature of Applicant _____

Date _____

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 City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Property Owner or Authorized Agent Name, Signature and Date _____

APPLICATION MUST:

- ◆ Include a detailed site plan (if applicable)
- ◆ Include an application fee of \$25.00
- ◆ Include plat if property is not on Tax Map (if applicable)

OFFICE USE:

Date Fee _____

Amount Paid _____

Paid _____

Received By _____