

# SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449  
SUMTER, SOUTH CAROLINA 29151  
(803) 774-1600



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 \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Size of Parcel(s) \_\_\_\_\_

General Location \_\_\_\_\_

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

Present Zoning \_\_\_\_\_ Present Use of Property \_\_\_\_\_

Proposed Use /  
SIC Code \_\_\_\_\_

Use of Adjacent Property *Front* \_\_\_\_\_ *Side* \_\_\_\_\_  
*Rear* \_\_\_\_\_ *Side* \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

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 Paid \_\_\_\_\_

Amount Paid \_\_\_\_\_

Received By \_\_\_\_\_