

SUMTER CITY-COUNTY PLANNING COMMISSION

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



APPLICATION FOR SUBDIVISION CITY COUNTY

Applicant _____
Name _____ Phone _____

Applicant's Address _____

Owner _____
Name _____ Phone _____

Owner's Address _____
Street _____ City _____ State _____ Zip _____

Registered Land Surveyor _____
Name _____

Surveyor's Address _____
Street _____ City _____ State _____ Zip _____

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

Name of Proposed Subdivision _____

Location of Proposed Subdivision _____ **Zoning** _____

Proposed Use _____ **Total Acreage** _____

Flood Hazard Area Yes No Partial _____
(Indicate which lot(s) may be affected)

Wetlands Yes No Partial _____
(List acreage)

Water Service:

Proposed Method of Water Supply _____

Approximate Distance to Nearest Water Main (if applicable) _____

Sewer Service:

Proposed Method of Sewer Collection & Disposal _____

Approximate Distance to Nearest Public/Community Sewer _____

NOTE: If septic tanks are contemplated, the SC Health Department will require a Soil Report from the Soil Conservation Service and a Percolation Test Report. The Sumter City-County Planning Commission will **not** issue final approval until the SC Health Department has first approved sewerage service.

