



Sumter City-County Planning Commission

12 W. Liberty St. (PO Box 1449), Sumter, SC 29151

(803) 774-1660



APPLICATION FOR CONDITIONAL USE

☐ CITY

☐ COUNTY

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

PART 1 – APPLICANT INFORMATION

Applicant Name: _____

Email: _____

Phone: _____

Applicant Address: _____
Street City ZIP

Property Owner Name: _____

Email: _____

Phone: _____

Property Owner Address: _____
Street City ZIP

PART 2 – PROPERTY INFORMATION

Tax Map Number: _____

Parcel Size(s): _____

Present Zoning _____

Present Use of Property _____

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

Property Location: (Address) _____

Description of Proposed
Use, including SIC Code:

(Attach additional pages and/
or graphics as needed)

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

Additional Remarks: _____

PART 3 – 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.

Applicant Name Signature Date

Property Owner or Authorized Agent Name (if different from Applicant) Signature Date

APPLICATION MUST:

- ◆ Include an application fee of \$25.00
- ◆ Include a detailed site plan (if applicable)

OFFICE USE ONLY:

Date Fee Paid: _____

Amount Paid: _____

Received By: _____

TMS #: _____

Zoning District: _____

Site Plan #: _____

Comments: _____

Approval: _____

Date: _____