

Sumter City-County Planning Commission P.O. Box 1449, Sumter, SC 29151

(803) 774-1660



LAND DISTURBANCE PERMIT APPLICATION

Permit Number:	Master Permit: _		Jurisdiction: County	☐ City
PART 1 – APPLICANT INFORMAT	ΓΙΟΝ			
Applicant Name:		Email:		
пррисын тынст		Phone:		
			-	
Applicant Address:	Street	City	ZIP	
	Suca	5	ZII	
Property Owner Name:		Email: Phone:	-	
		i none.		
Property Owner Address:				
	Street	City	ZIP	
Contractor Name:		Email:		
		Phone:		
Contractor Address:				
	Street	City	ZIP	
RT 2 – PROPERTY INFORMAT	ION			
Tax Map Number:	Parcel Size(s):			
		_ =====================================		
Property Location: (Address)				
Description of Proposed Work:				
(Please attach				
additional pages and/ or graphics as needed)				
ditional Remarks:				
ART 3 – CERTIFICATION				
hereby certify that I have read this application an	d the information supplied herein is tr	ue and correct to the best of m	y knowledge. I agree to comply wit	h all applicable (
d/or County Ordinances and State Laws related garding this matter. I understand that falsifying				ict as nis/ ner aş
roperty Owner or Authorized Agent N	ame	Signature	Date	
OFFICE USE ONLY:				
Date Fee Paid:	Amount Paid:	R	eceived By:	
TMS #:	Zoning District:	Si	te Plan #:	
SW&EC Approved: ☐ Yes ☐ No Tree Protection Approved: ☐ Yes		Yes No F	oodplain: 🗌 Yes 🗎 No	
Overlay District: Hampton Park Historic Do	owntown Design/CBD	van Lake Other B	ase Flood Elevation:	
Comments:				
Approval:		Date:		