



STAND-ALONE ZONING

(Commercial & Residential)

Application for Zoning Permit
 BUSINESS AND DEVELOPMENT SERVICES
 5 EAST BUTLER ROAD
 MAULDIN • SOUTH CAROLINA 29662
 WWW.CITYOFMAULDIN.ORG • (864) 234-3475

APPLICATION SUBMITTAL DATE:	Z FL PERMIT NUMBER:
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PROJECT LOCATION			PARCEL ID #:		
<input type="checkbox"/> RESIDENTIAL PROJECT					
Street Address:		City:	State:		Zip:
Subdivision Name:		Lot Number:		New Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Owner Name:			Home #: () -		Mobile #::() -
<input type="checkbox"/> COMMERCIAL PROJECT					
Name of Business/Lessee:		Shopping Center /Development Name:			Suite #:
Property Owner Name:		New Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No			
CONTACT INFORMATION			Primary Contact Name:		
Mailing Address:		City:	State:		Zip:
Home Phone Number: () -		Business Phone Number:() -		Mobile Phone Number: :() -	
Applicant Email:		Owner Email:		Other Email:	

<input type="checkbox"/> COMMERCIAL PROJECT		Plans Required Three (3) Sets of 24 x 36 Scaled Site Plans plus One (1) completed copy of the Site Plan Checklist	
Project Information: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other:			
ZONING DISTRICT:		PROJECT TYPE: <input type="checkbox"/> Single Tenant <input type="checkbox"/> Multi-Tenant	
LOT SIZE: Square Footage or Acreage		MULTI-FAMILY: <input type="checkbox"/> Condominium <input type="checkbox"/> Apartments	
Property Description: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental /Lease <input type="checkbox"/> Sale		Is this a Change of Use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL PROJECT COST: \$		What was the Previous Use?	
		Has the site been Vacant for 180 days or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	



RESIDENTIAL PROJECT

Plans Required: Three (3) Sets of 8-1/2 x 11 Scaled Sketch Plans of the Site or Copy of Survey

NOTE: REFER TO SAMPLE RESIDENTIAL SITE PLAN HANDOUT

ZONING DISTRICT:	LOT SIZE: Square Footage or Acreage
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Are there any Existing Accessory Structures on the Parcels (sheds, pools other structure not attached to house)?

Yes No (If yes, illustrate the location and size of the structure on site plan)

Will the Proposed Structure replace any Existing Structures?	PROVIDE DIMENSIONS OF EXISTING STRUCTURE:
<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, illustrate on Site Plan)	Feet × Feet = Total Square Feet

PROVIDE DIMENSIONS OF PROPOSED BUILDING ADDITION:	DIMENSIONS OF PROPOSED ACCESSORY STRUCTURE (S) :
Feet × Feet = Total Square Feet	Feet × Feet = Total Square Feet

PERMITS REQUESTED

Permits Requested	Associated Permit #	Contractor Business Name	State License Number	Cost of Work	Permit Fees
<input type="checkbox"/> Zoning				\$	\$
		ICC Cost	Total Project Cost	\$	\$
				ADDITIONAL FEES	
				Flood	\$
				Other	\$
				Total Fee	\$

SIGNATURES

By signing this application I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Business and Development Services Department will be notified of any changes in the approved plans or specifications for the project as permitted.

	Address:
	City: State: Zip:
Owner/Agent Signature	Phone Number: () - Email Address:
	Address:
	City: State: Zip:
Architect/Designer Signature	Phone Number: () - Email Address:
	Address:
	City: State: Zip:
General Contractor/Authorized Agent Signature	Phone Number: () - Email Address:

