

Town of Central

PLANNING & CODES ADMINISTRATION

1067 W. Main St. • Central, SC 29630

Phone (864) 639-6381 • Fax (864) 639-1252 • www.cityofcentral.org

ZONING PERMIT APPLICATION

APPLICANT TO COMPLETE NUMBERED SPACES ONLY.

1	PROPERTY ADDRESS	LOT #	TAX MAP #
	OWNER	MAILING ADDRESS	
			PHONE
2	APPLICANT	MAILING ADDRESS	
			PHONE
3	PROPOSED USE		
	SINGLE FAMILY []	DUPLEX []	MULTIFAMILY []
		COMMERCIAL []	OTHER []
4	DESCRIBE REQUEST		
5	DOCUMENTS SUBMITTED WITH THIS APPLICATION:		

6 APPROVAL OF A ZONING PERMIT DOES NOT SUPERCEDE REQUIREMENTS FOR ANY OTHER REQUIRED PERMIT.

DESIGNATION OF AGENT: (Complete only if owner is not applicant): I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for a zoning permit.

DATE: _____ Owner signature (s)

I certify the information in this request is correct.

DATE: _____

Applicant's Signature

Date: _____

Approved.

Disapproved for the following reasons:
