



CITY OF WALHALLA Community Development

206 N Church St. • P.O. Box 1099 • Walhalla, SC 29691 • (864) 638-4343 • Fax (864) 638-4357 • www.CityofWalhalla.com

Application for Zoning Permit

Date Filed: _____

INSTRUCTIONS: *If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent Section. Site Plan is REQUIRED with all applications(see section 705.2.2 of Zoning Ordinance 2018 for details).*

APPLICANT

Name(s): _____
Address: _____
Phone: _____ Email: _____
Interest: Owner(s) Agent of owner(s) Other _____

Site Plan Submitted

Fee Paid
\$ _____ Int.

OWNER(s) [if other than Applicant]

Name(s): _____
Address: _____
Phone: _____ Email: _____

SUBJECT PROPERTY

Physical address: _____
Tax Map # _____ Zoning District _____
Lot # _____, Block _____, Subdivision _____
Lot Dimensions _____ Area/Acreage _____

Zoning Ordinance 2018 Section 705.1: Zoning Permit Required No structure shall be constructed, erected, moved, assembled, set up, or added to without building and zoning permits which comply with this Ordinance. These permits shall not be issued by the Zoning Administrator except in conformity with the provisions of this Ordinance, unless he receives a written order from the Board of Zoning Appeals in the form of an interpretation involving error, variance, or special exception. If the permit is denied, reasons shall be stated for the denial.

The applicant hereby requests a zoning permit pursuant to Section 705 of the 2018 Zoning Ordinance for (check one):

New Construction Accessory Building Change in Use/Business Other _____

Please describe the project. [Use reverse side if more space is needed.]

Zoning Compliance

Commercial Residential Number of Families _____ Dwelling units: _____
Existing Use(s) _____ Proposed Use(s) _____
Occupancy or Use Before construction is complete Yes No
Any unusual effects to adjoining lots? Yes No If Yes Explain _____

Designation of Agent [complete only if owner is not the 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. _____

Owner Signature _____ Applicant Signature _____

Upon issuance of this permit, I/we agree to conform to all applicable town ordinances, zoning regulations, and the laws of the State of South Carolina regulating such work and to the specifications and plans submitted. I/we hereby guarantee that the above information is accurate and correct to the best of my/our knowledge.

Applicant* (PRINT) Applicant Signature Date

OFFICIAL USE ONLY: Approved Conditional Disapproved

Explanation _____

Community Development Official Date