

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE/ SIGN PERMIT

APPLICATION #_____

Address: Zoning District			
() Construction Permit () Use Change () Sign Plat Blk Lot No	_		
Flood Hazard Zone ()No ()Yes Zone Flood Map Elevationff	t.		
Minimum Floor Elevationft.			
Purpose of Application_			
RESIDENTIAL USE No. of Dwelling Units No. of Off Street Parking Spaces			
BUSINESS USE Type of Business			
No. of Off Street Parking Spaces No. of Square Feet of Building used for Business			
Freestanding Sign – Total Sign Area			
Building Sign – Total Sign Area			
I hereby make application for a Zoning Compliance Certificate for this property to be used as shown above. All statements contained herein are true and have been verified by me.			
Date: Signature () Owner () Representative			
Address	_		

CERTIFICATE OF ZONING COMPLIANCE

CITY OF LANDRUM, SOUTH CAROLINA

Compliance/Sign Permit NoOrdinances of the City of Landrum, s	as shown on this Application for Certificate of Zoning does conform to the requirements of the Zoning subject to the following conditions, restrictions and
limitations:	
This certificate is subject to cancellar changes are made which violate any	tion if any misrepresentations have been made or if any Zoning Ordinance Provision.
Date:	
	City Official