



PERMIT APPLICATION
Building & Zoning Department
1476 J A Cochran Bypass, Chester, SC 29706
803-581-0942 Fax 855-930-0979

Project Address: _____ **Date:** _____

Applicant: _____

Property Owner: _____

Tax Map Number: _____ **Zoning District:** _____

Proposed Use:

- New Building Addition Manufactured Home Renovation Moving Grading
 Demolition Occupancy Sign Mechanical Plumbing Electrical Pool

Power Company: Duke York Fairfield Lockhart

Description of work: _____

Zoning Requirements

Manufactured homes (single and double wide's) used as a residence on a single lot must comply with the conditional uses in the Zoning Ordinance.

Structure Setback Requirements (Property lines must be staked out)

Front Proper Line/Road Right of Way: _____

Right Property Line: _____

Left Property Line: _____

Rear Property Line: _____

Public Hearing _____ **PC** _____ **ZBA** _____

Project Cost: \$ _____

Yes () No () Flood Panel #

Flood Plain: \$ _____

Receipt # _____

Zoning \$ _____

Plan Review \$ _____

Permit \$ _____

No Refund after 30 Days

Total Fee \$ _____

Signature _____ **Print Name:** _____

Phone: _____ **Cell Phone:** _____