

Horry County
Planning & Zoning Dept.
1301 2nd Ave, Suite 1D 09
Conway, SC 29526



ZC #: _____
Application Date: _____
Taken By: _____

Phone: 843.915.5340
Fax: 843.915.6341

Application for Commercial Business License

Business Name/DBA **Business owner & phone #**

Physical address/location of business **city, state, & zip**

Mailing address (if different from above) **city, state, & zip** **E-mail address**

Property owner name, phone #

Type of business and/or project name (please describe what will be done at the location for which a zoning compliance is sought): _____

By signing this application, I certify that all information given above is correct:

Signature of person making application **Date**

Print name
Planning & Zoning Dept. use only **Information verified by:** _____

TMS/pin # **Acreage** **Zoning District** **Bldg. Permit #**

Proposed use of building **Approved use of building**

Conditions: (check all that may apply)

- No outdoor storage of materials and/or equipment
- No on-site consumption of alcohol (unless a special exception has been received or a disclaimer has been signed).
- No adult entertainment permitted
- No display of merchandise to be located within right-of-way
- No change of use without a review
- Letter of consent from property owner and/or lease agreement
- Other: _____

Additional requirements (to be completed before issuance of zoning compliance): _____

Signature of Applicant **Date**

Signature of Zoning Official **Date**

Approved/Denied **Zoning Approval:** _____ **Date Approved** _____
Issued By: **Code Enf. Approval:** _____ **Fee:** _____