



Zoning Compliance Application for Commercial Business
Email to ZoningApplications@horrycounty.org

Please be advised a response will be made within fifteen (15) business days of filing.

Failure to completely fill out may result in delay or denial of your Zoning Compliance

Business Name/DBA **Business Owner (s) & Phone #**

Applicant/Agent (Person representing the business owner) **Phone #**

Physical Address of Business **City, State, & Zip** **E-mail Address**

Property Owner Name **Phone #**

****A signed lease agreement or notarized letter from property owner must be provided before a Zoning compliance can be issued.**

Type of Business: **DESCRIBE IN DETAIL** what will be done at the location for which a zoning compliance is sought. A site plan drawn to scale may be required prior to review for compliance.

Outdoor storage/display areas will need to be reviewed for compliance and cannot be located within a right of way. No sweepstakes and/or internet gaming permitted at any time.

Please answer the following questions:

1. Will there be any renovations or remodeling on the building? _____ If so please describe _____

2. What was the previous use or business operating on this property or within this structure?

3. Will there be any outdoor storage of materials and/or equipment? _____
If yes, what will you be storing and where is it located? _____
4. Will any Towing be conducted at this location? _____
If yes, will any Non-consensual or Rotational Towing be done at this location? _____
5. Will there be any outside displays of merchandise (i.e. automobiles, golf carts, RVs, mopeds, etc.)?

If yes, what will you be displaying and where is it located? _____
6. Will there be on-site consumption of alcohol at this business? _____
If yes, what are the hours of operation? _____

7. Will there be any adult entertainment at this location? _____

8. Are there any restrictive covenants on this property that would prohibit or conflict with this use?

By signing this application, I certify that I have read the conditions and all information given above is correct and acknowledge disclaimer that pursuant to Sec. 1403 of the Zoning Ordinance all determinations by staff are subject to appeal to the Zoning Board of Appeals by any person aggrieved.

Signature of Business Owner

Date

Signature of Agent (if applicable, allows Agent to act as representative for business owner)

Date

For official use only:

_____ // _____ // _____ // _____
TMS/ PIN #'s Zoning District Bldg. Permit # Approve Use

Conditions of Approval:

Request #: _____ Issue Date: _____ Approved By: _____