

HORRY COUNTY
PLANNING & ZONING DEPARTMENT
1301 SECOND AVE., SUITE 1D 09
CONWAY SC, 29526



(843) 915-5340

FAX (843) 915-6340

Zoning Compliance Application for Residential/Home Occupation Business
Email to ZoningApplications@horrycounty.org

Failure to completely fill out may result in delay or denial of your home occupation

Business Name/ DBA _____ Business Owner _____

Applicant/ Agent (Person representing the business owner) _____ Phone Number _____

Address of Residential Business _____ City, State, & Zip _____ Business Owner's Phone Number _____

Email Address _____ Property Owner Name/ Phone Number _____

****An occupant not owning the property or building in which they operate a home occupation must provide a notarized letter of permission from the property owner(s)****

Please answer the following questions:

Type of Business (describe in detail): _____

Will the home be used for office use only? (Y/N) _____ If not, please explain _____

Will this business be conducted entirely within the residential dwelling? _____ If so what is the estimated floor space that will be used for the business? _____ (Does not apply to in-home daycares)

Will the business be conducted in a detached structure (storage bldg., etc.)? _____ If so what is the square footage _____

Number of Service vehicles associated with this business? _____ Please list: (cars, trucks, dump trucks, etc.): _____

List any equipment or supplies that will be kept on this site (utility trailer, chipper, bobcat, mowers, etc.): _____

Where will equipment or supplies be stored on this site, please specify what type of building or structure (storage building, garage, barn, yard, etc.): _____

If this is an in-home daycare center how many children are being cared for in the home? _____

If this is a sales business where will the products be sold? (No retail sales allowed from the home) _____

Number of non-resident employees who work in the home or detached structure? _____

Do your deed restrictions or covenants prohibit this use? _____

BUSINESS OWNER MUST READ AND INITIAL EACH NUMBERED STATEMENT BELOW

- ___ 1. The home occupation must be incidental and secondary to the use of the dwelling for residential purposes, and may not change the character of the residential dwelling where the business is conducted.
- ___ 2. All parking and maneuvering areas required to support the home occupation shall be located on site to the residence.
- ___ 3. The home occupation may not create excessive noise, dust, vibrations, smells, smoke, glare, electrical interference, hazardous waste storage or usage, impact the traffic patterns, create a fire hazard or nuisance to a more frequent extent than that usually experienced in the district on residentially zoned lots where no home occupation exists.
- ___ 4. Approved home occupations must meet applicable building code requirements.
- ___ 5. In-home daycare centers are only allowed to care for a maximum of five (5) children per Article V, Section 525 and must comply with S. C. Department of Social Services regulations.

By signing this application, I certify that I have read the conditions and that all information given above is correct and I acknowledge disclaimer that pursuant to Section 1403 of the Zoning Ordinance all determinations by staff are subject to appeal to the Zoning Board of Appeals by any person aggrieved. ***Failure to comply with the requirements of the Horry County Zoning Ordinance may result in fines or other legal action.**

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	Acres	HO Section #	Approved By
-------------	-----------------	-------	--------------	-------------

Conditions of Approval:

PLANNING & ZONING DEPARTMENT
1301 2nd Avenue Room 1 D 09
Conway, SC 29526



Phone: (843) 915-5340
Fax: (843) 915-6341

Notarized Authorization Letter

****If business owner owns the property from which they operate the home occupation a notarized letter is not required.****

Date: _____

This is to certify that _____ occupies the residence located at
(Business Owner)

_____ identified by PIN# _____. As
(Address)

property owner(s) I/we hereby give permission to allow the following home occupation to be conducted from this

residence: _____.
(Type of Business)

(Property Owner Signature)

(Print Name)

(Property Owner Signature)

(Print Name)

If this is completed by a property management company please provide the following information:

(Title of person(s) signing)

(Address)

(Name of Property Management Company)

(Phone Number)

Sworn to (or affirmed) and subscribed before me this the _____ day of _____, 20_____.

Official Signature of Notary

_____, Notary Public
Notary's printed or typed name

My commission expires: _____