

TOWN OF HOLLYWOOD

Conditional Use Application

P.O. Box 519, 6278 Highway 162, Hollywood SC 29449

Office 843-889-3222 - Fax 843-889-3636

Fee: \$25.00

Applicant must complete this form and submit with fee required.

To be completed by applicant:

Applicant Name: _____
Applicant's Address: _____
Telephone Number: _____
Nature of Proposed Event: _____
Location: _____

TMS #: _____ Zoning District: _____ Flood Zone: _____

Date of Proposed Event: _____ Time of Event: _____

Special Arrangements:

Traffic:	_____	_____
Parking:	_____	_____
Facilities:	_____	_____
Fire:	_____	_____
Securities:	_____	_____
Medical:	_____	_____
Nuisance Control:	_____	_____
Liability Insurance (Company/Policy #):	_____	_____

Applicant's Signature: _____ Date: _____

To be completed by staff:

Meeting Date: _____ Time: _____

Approved by Planner/Zoning Administrator _____