Commercial Site Development Checklist

Owner/Developer/Applicant: ________________________________
Mailing Address: ___________________________ City/State/Zip: ___________________________
Telephone: ___________________________ Email: ___________________________

The Planning Commission ensures responsible growth and development in Darlington County. In order for the Planning Staff to evaluate your development plan in terms of access to public roads, stormwater management, and appropriate E911 Addressing, Planning requires:

1. Letter of Intent
2. Verify Property Ownership Tax Map #: ___________________________
3. Application and payment (Application Fee $500.00)
4. Restrictive Covenants Affidavit
5. Submit Three (3) 11”X17” (or larger) Site Grading Plans drawn to scale based on current survey data which shows at a minimum:
   a) Existing and proposed elevation contours or spot elevations
      1. Identify outfall and drainage pattern with arrows
      2. Label rim and invert elevations of drainage structures
      3. Identify type of ground surface (grass, asphalt, gravel, etc)
   b) Existing and proposed structures and improvements (with finished floor elevation(s), building, dimensions, and roof drainage pattern
   c) Existing and proposed storm drainage with discharge to outfall identified
   d) Property line information with current adjoining landowners and land use
   e) Grades of proposed swale(s) or ditch(es) with typical cross-sections shows
   f) Show utility lines and easements that may affect the site (provide easement reference)
   g) Include site tax map parcel number
   h) Show North Arrow and Vicinity Map
   i) Include Developer's Name, Address, and Phone Number
6. E911 Address Inquiry and Approval : ___________________________
7. Stormwater Permit (SC DHEC)
8. Receipt of water tap fee paid or septic tank placement
9. Encroachment Permit (SCDOT or County)

*Planning staff must stamp plan or plat prior to applying for DHEC Septic Tank Permit
 Letter of Intent for Commercial Development

Property Owner: ____________________________________________________________

Mailing Address: ___________________________________ City/State/Zip: ___________

Phone Number: ______________________________ Email Address: ____________________

Subject Property Information

Tax Map #: ________________________________________________________________

Address: ___________________________________ City/State/Zip: ________________

Proposed Business Name: ____________________________________________________

Please provide a detailed explanation of the proposed use:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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_________________________________________________________________________

_________________________________________________________________________

Signature: ___________________________ Date: ________________________________

For Office Use Only:

Received By: __________________________ Date: ______________________________
Commercial Development Application

Complete and submit the application. PLEASE PRINT CLEARLY.

Property Owner: ____________________________________________________________

Mailing Address: __________________________ City/State/Zip: ____________________

Phone Number: ________________________________

Contact Person: __________________________________________________________

Mailing Address: __________________________ City/State/Zip: ____________________

Phone Number: ________________________________

Tax Map #: ________________________________

For Office Use Only:

Received By: ______________________________ Date: __________________________
RESTRICTIVE COVENANTS AFFIDAVIT

I, ____________________________, have reviewed the restrictive covenants application to Tax Map parcel #______________, located at (address) ____________________________, and the proposed development or permit application is not contrary to, does not conflict with, or is not prohibited by any current and recorded restrictive covenants, as specified in South Carolina Code of Laws, Section 6-29-1145.

[Signature] [Date]

__________________________
[Print Name]

[Witness – Signature] [Witness - Print Name] [Date]

Explanation:
Effective July 1, 2007, South Carolina Code of Laws Section 6-29-1145 requires local governments to inquire in the permit application, or in written instructions provided to the applicant, if a tract or parcel of land is restricted by a recorded covenant that is contrary to, conflicts with or prohibits an activity for which a permit is being sought.
[Section 6-29-1145 is copied on the back of this page]

For Office Use Only:

Received By: ___________________________ Date: __________ Application Number: __________
2. Number living at home: _____ Number of Occupants/Employees (Business): ________
3. Tax Map #: ____________________________
4. Property Owner: ___________________________________________________________
5. Tax Notice Mailing Address: ________________________________________________ Phone: __________
6. Occupant Name: ____________________________________________________________
7. Occupant Mailing Address: ________________________________________________ Phone: __________
8. Phone Number: (home) __________________________ (cell) ____________________
9. Occupant Last Address: __________________________________________________
10. Name of Street that Driveway is located on: _________________________________
11. Subdivision/Mobile Home Park Name: __________________________ Lot #: _____
12. Name/Address of Neighbor(s): _____________________________________________
13. Name of Previous Occupant (if known): _______________________________________

I CERTIFY THE ABOVE INFORMATION IS TRUE: _____________________________________________

(Circle One): PROPERTY OWNER RESIDENT OTHER: __________________________

DATE: __________________________________________________________

For Office Use Only:

1. New Street Address: _________________________________________________________
   City: __________________________ State: South Carolina Zip: _________________
2. Date: ________ Time: ________ Received By: ________________
4. Permit Number: Mobile Home ____________________ Construction: ____________
   NTAS ________ Post Office ________ Access ________ Master Address ________
   Tax Assessor ________ Confirmation ________

IN FLOOD ZONE AREA
Yes: ________ No: ________
FIRM Date: February 6, 2013
Map # ________