



DARLINGTON COUNTY DEVELOPMENT SERVICES
PLANNING COMMISSION

1 PUBLIC SQUARE, ROOM 303 DARLINGTON, SOUTH CAROLINA 29532
Phone: 843-398-4610 Fax: 843-398-4072

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

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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:

Signature: _____ Date: _____

For Office Use Only:

Received By: _____

Date: _____

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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: _____



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1 PUBLIC SQUARE, ROOM 303
Phone: 843-398-4610

DARLINGTON, SOUTH CAROLINA 29532
Fax: 843-398-4702

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: _____

DARLINGTON COUNTY DEVELOPMENT SERVICES

OFFICE OF E911 ADDRESSING

1 PUBLIC SQUARE, ROOM 303 DARLINGTON, SOUTH CAROLINA 29532

Phone: 843-398-4610

Fax: 843-398-4072



- 1. Residential: _____ Commercial: _____ Industrial: _____ Camper: _____ Solar: _____
- 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: _____
- 3. Post Office: _____ ESN: _____ New: _____ Update: _____
- 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 # _____