



Town of Surfside Beach
APPLICATION for ZONING APPROVAL

Tel: 843-913-6341 Fax: 843-839-0057

Date: _____

Property Street Address: _____ Tax Map # _____

1. Name of Applicant: _____ Tel. No. _____

2. Applicant's Address: _____

3. Property Owner: _____ Tel. No. _____

4. Property Owner's Address: _____

5. Proposed use for which the application is made: New Building Addition Deck Shed Pool
 Other _____

6. Proposed size or scope of work: _____

PROPERTY INFORMATION

Current Use of Property: Residential _____ Commercial _____

District: _____ Lot: _____ Block: _____ Flood Zone: _____ Base Flood Elevation: _____

Lot dimensions: _____ Total Square Feet of Lot: _____

I hereby declare and represent to the Town of Surfside Beach that the statements made by me in this application are true and within my knowledge and that this application meets all the conditions as set forth in the Zoning Ordinance of the Town of Surfside Beach and such statements are made for the purpose of obtaining Zoning approval from the Zoning Official.

Signature of Applicant or Authorized Agent

Date

Approved _____ Denied _____

Zoning Official

Date

Important: A survey MUST be submitted with this application showing the size and location of the lot, the dimensions and location of the proposed building or structure on the lot, building setbacks, dimensions of rear and side yards and the dimensions and locations of all existing buildings or structures on the lot. If this is a new building all trees must be shown.