

# SUMTER CITY-COUNTY PLANNING COMMISSION

POST OFFICE BOX 1449  
SUMTER, SOUTH CAROLINA 29151  
(803) 774-1660



APPLICATION FOR CONDITIONAL USE  CITY  COUNTY

Conditional Use Type: In Home Day Care  C-300  C-500  C (Staff Approval)   
(# of Children: )

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's E-mail \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_  
Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Tax Map No. \_\_\_\_\_ Size of Parcel(s) \_\_\_\_\_

Property Location \_\_\_\_\_

Legal Description (Plat is required if not on Tax Map) \_\_\_\_\_

Present Zoning \_\_\_\_\_ Present Use of Property \_\_\_\_\_

Proposed Use / SIC Code \_\_\_\_\_

Is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this permit?  Yes  No

Use of Adjacent Property *Front* \_\_\_\_\_ *Side* \_\_\_\_\_  
*Rear* \_\_\_\_\_ *Side* \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

## CERTIFICATION

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development. I am the property owner, or have received the owner's written authorization to act as his/her agent regarding this matter. I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Property Owner or Authorized Agent Name, Signature and Date \_\_\_\_\_

## APPLICATION MUST:

- ◆ Include a detailed site plan (if applicable)
- ◆ Include an application fee of \$25.00
- ◆ Include plat if property is not on Tax Map (if applicable)

### OFFICE USE:

Date Fee \_\_\_\_\_

Amount Paid \_\_\_\_\_

Paid \_\_\_\_\_

Received By \_\_\_\_\_