



## SUBDIVISION & PLAT REVIEW APPLICATION

*I certify that all the information on this application and any documentation attached are correct to the best of my knowledge.*

ALL APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED SUPPORTING DOCUMENTATION PER THE TOWN'S LAND DEVELOPMENT REGULATIONS

NO PARTIAL SUBMISSIONS WILL BE ACCEPTED. ALL DOCUMENTS MUST BE ACCURATE, UP-TO-DATE, COMPLETE AND PROVIDED WITH THE APPLICATION FOR CONSIDERATION.

APPLICATION COMPLETE WITH SUPPORTING DOCUMENTATION MUST BE PROVIDED AT LEAST 30 DAYS PRIOR TO THE COMMISSION MEETING IN WHICH THE SUBMISSION IS TO BE CONSIDERED

**Type of Submittal:**

Exempt Plat  Preliminary Plat (Major)  Final Plat (Major)  Commercial Plat

Combination Plat  Preliminary Plat (Minor)  Final Plat (Minor)

Applicant/Property Owner: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Developer/Engineer: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Other: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_

Property Location: \_\_\_\_\_ Tax Map Number: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

Number of Proposed Lots: \_\_\_\_\_

*Pursuant to the South Carolina Local Government Comprehensive Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is this tract or parcel restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with or prohibits the (proposed) permitted activity? \_\_\_\_\_ Yes \_\_\_\_\_ No*

- By signing below, you are stating that you have read the Town of Lyman Zoning Ordinance and Land Development Regulation Requirements for this type of proposed project and have addressed these in the plans for the proposed development.
- All plans, checklists, and fees associated with the proposed project need to be submitted with this application.
- All work associated with this proposed project will require Town of Lyman Business License and Permitting through CC&I Services at [permits@cciservicesllc.com](mailto:permits@cciservicesllc.com) or 864-586-6111

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

----- *For Official Use Only* -----

APPROVED  DENIED  PENDING

Date: \_\_\_\_\_

Zoning Administrator \_\_\_\_\_

Fee Paid \_\_\_\_\_

Current Zoning District \_\_\_\_\_ Setbacks: Front \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_ Rear \_\_\_\_\_

Business License Obtained  New Sewer Tap Fee Paid  Existing Sewer Service  Septic only

Comments/Conditions: \_\_\_\_\_