



CITY OF
Clemson
PLANNING &
DEVELOPMENT

1250 Tiger Blvd, Suite 4 • Clemson, SC 29631-2662 (864)
653-2050
Fax (864) 653-2057

ZONING PERMIT # _____

Zoning Permit Application

APPLICANT TO COMPLETE NUMBERED SPACES ONLY

1	PROPERTY ADDRESS	LOT #	TAX MAP #
2	OWNER	MAILING ADDRESS	PHONE
3	APPLICANT	MAILING ADDRESS	PHONE
4	PROPOSED USE (CIRCLE ONE) SINGLE FAMILY DUPLEX MULTIFAMILY COMMERCIAL OTHER		
5	DESCRIBE REQUEST		
6	DOCUMENTS SUBMITTED WITH THIS APPLICATION:		

APPROVAL OF A ZONING PERMIT DOES NOT SUPERCEDE REQUIREMENTS FOR ANY OTHER REQUIRED PERMIT.

DESIGNATION OF AGENT (*Complete only if owner is not applicant*):

I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for a zoning permit.

DATE _____

Owner Signature(s)

I certify the information in this request is correct.

DATE _____

Applicant's Signature

Date: _____

☐ Approved

☐ Disapproved for the following reasons:

Zoning and Codes Administrator