



**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
CONSTRUCTION AND SIGN PERMIT**

Application # _____

CITY OF LANDRUM | 100 N. SHAMROCK AVE. | LANDRUM, SC 29356
PHONE | 864.457.3000 FAX | 864.457.2702

DATE: _____

Property Address: _____ Zoning District _____

Purpose of Application: _____

TYPE OF PERMIT:

() BUILDING () MECHANICAL () ELECTRICAL () PLUMBING () SIGN () LAND USE CHANGE () OTHER _____

RESIDENTIAL USE

Number of units _____

Number of off-street parking spaces _____

COMMERCIAL USE

Type of business _____

Number of off-street parking spaces _____

Number of square feet of building used for commercial _____

SIGN

Freestanding sign – Total sign Area _____ Sign Height _____

Building Sign – Total sign Area _____

I hereby make application for a Zoning Compliance Certificate for this property to be used as shown above. All statements contained herein are true and have been verified by me.

Property Owner _____ Phone _____

Address _____

Contractor Name _____ Phone _____

Address _____

Date _____

CERTIFICATE OF ZONING COMPLIANCE

**CITY OF LANDRUM
100 N. SHAMROCK AVE.
LANDRUM, SC 29356**

The use of the building and/ or land as shown on this Application for Certificate of Zoning Compliance/Sign Permit Number _____ does conform to the requirements of the Zoning Ordinances of the City of Landrum, subject to the following conditions, restrictions and limitations if listed:

This certificate is subject to cancellation if any misrepresentations have been made or if any changes are made which violate any Zoning Ordinance Provision.

Date _____
_____ City Official

CERTIFICATE EXPIRES IN 6 MONTHS