



**APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
AND CONSTRUCTION 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 LAND USE CHANGE

OTHER _____

RESIDENTIAL USE

Number of units _____

Property Use Type _____

COMMERCIAL USE

Type of business _____

Number of off-street parking spaces _____

Number of square feet of building used for commercial _____

Property Owner _____ Phone _____

Address _____

Contractor Name _____ Phone _____

Address _____

Date _____

Amount Due _____

I hereby make an 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.

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/ Construction 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.

This signed permit verifies that the above address is within the City limits and the owner or representative of the property is entitled to receive a permit from C C & I on behalf of the City of Landrum.

Date _____

Rich Caplan | City Administrator

CERTIFICATE EXPIRES IN 6 MONTHS