

**Zoning and Planning Department** 

Joel H. Evans, AICP, PLA, Director Lonnie Hamilton III Public Services Building 4045 Bridge View Drive North Charleston, SC 29405 843.202.7200

## **Letter of Intent**

## **Applicant Information**

First Name:				Last Name:		
Your Address:				'		
Home/Cell Phone	#:					
Email Address:						
Property Inform	ation					
Project Address:						
Zoning District:						
Tax Map #/Prope	orty Idon	tificatio	n #·			
Ταλ Μαρ #/ Γ Τορο	eriy tueni	iijicaiio	π.			
	Dlagga n	novida i	a dotailo	d avalanation of your proposed user		
	1 teuse p	roviue i	i ueiuiie	d explanation of your proposed use:		
Signature:				Date:		
			OFF]	ICIAL USE ONLY		
<b>Zoning District:</b>				Taken in by:		
TMS#:	<b>X</b> 7	<b>™</b> .T		X7	<b>T</b> 7	<b>N</b> T
Home Occupation: Overlay District:	Yes Yes	No No		Vacant for more than 2 years  Name of Overlay District	: Yes	NO
	T C2	110		Traine of Overlay District		
Approved:	Yes	No	By:	Date:		

03/23/16