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

CHARLESTON COUNTY
SOUTH CAROLINA

Letter of Intent

Applicant Information	
First Name:	*Last Name:*
Your Home Address:	
Home/Cell Phone #:	
Email Address:	

Property Information

Business Address:	
Is this your residence?	
Name of Business and/or Project:	
TMS #:	
Days of Operation:	***Hours of Operations:***
Number of Employees:	***Zoning District:***
Please provide a detailed explanation of your proposal:	
Signature:	Date:

	Office Use Only
Zoning District:	**Taken in by:**
TMS#:	**Flood Zone:**
Home Occupation: ☐ **Yes** ■ **No**	**Vacant for more than 2 years:** ☐ **Yes** ■ **No**
Overlay District: ☐ **Yes** ■ **No** **Name of Overlay District:**	**Ingress/Egress:** ☐ **Private** ☐ **Muni** ☐ **County** ☐ **State** **Drainage Easements:** ☐ **Yes** ■ **No**

Approved use?	☐ **Yes**	☐ **No**	
Approved:	☐ **Yes**	☐ **No**	**By:** **Date:**