

# Charleston County Protected/Grand Tree Removal

## Forms to be returned to the Planning Department

Application Form
Restrictive Covenants Affidavit
Tree Affidavit

Fees to be paid (cash, check or credit card)

Fees paid *after* zoning review

	\$25	Zoning	fee
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☐ Submit electronically by emailing completed documents to:

zoningpermits@charlestoncounty.org

<sup>\*</sup>Additional documents may be necessary for permitting as needed depending on the project particulars

# **County of Charleston**

### **ZONING PERMIT APPLICATION**

**Applicant (your information):** 

Public Services Building Planning Department 4045 Bridge View Drive North Charleston, SC 29405 Phone 843-202-7200 Fax 843-202-7222



First Name:						Last Name:								
Your Hom	ne Add	ress	1				Cit	y, State, Zi	p:					
Phone #:	Phone #:						E-mail address:							
			Informa PID)/ Tax M			S):								
Project P	ropert	y Ad	dress with	City, S	itat	e & Zip Co	de:	(Where the	e woi	k will b	e comple	ted)		
Applying	for (se	lect	one):											
			y Residence	•		Addition				Tree F	Removal			
Access			-			Power Po	ole			Busin	ess Licens	e		
Demol						Electrical				Safety	afety Inspection			
Mobile Home (in flood zone)				Commercial				Generator/Stand						
Mobile	Home	e (no	t in flood z	one)		Solar Panels				Temporary Sales				
Pool					Site Constr			ction	Tower					
Renova	ation /	Alte	ration		Fence					Signage				
Construction	on Info	rma	tion For NE	W Coı	nsti	ruction (DC	) N	OT LIST EXI	STIN	G):				
1 <sup>st</sup> Floor	<b>2</b> <sup>nc</sup>		3 <sup>rd</sup> Floor		ttached or Drive					vered Shed/De		eck/	Pool SQ	
SQ FT	Floo	or	SQ FT		Under Garage SQ			arage SQ	Porch SQ				FT	
·	SQ I	FT_				RCLE ONE)		FT		FT (CIRCLE O				
Buildir	Building Total Heated			Total Cost of			Mobil	е	Addition only		Generator			
Heigh	it	SQ FT		Construction			Home SQ FT		Added SQ FT		and/or			
												sta	nd SQ FT	
<u> </u>														
Applicant Signature:					Da	te:								
Official Use C	Only:								<u> </u>					
Received By:				Date	:				A	pp #:				



Joel H. Evans, AICP, PLA Zoning & Planning Director 843.202.7200 1.800.524.7832 Fax: 843.202.7222 Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive North Charleston, SC 29405-7464

#### **RESTRICTIVE COVENANTS AFFIDAVIT**

Ι,	, have researched the restrictive covenants applicable to
Parcel Identification Number/s (PID #)	located at
(address/es)	, and have found that either there are no restrictive
covenants applicable to the subject proper	erty/properties or that the proposed application is not contrary to, does not
conflict with, and is not prohibited by an	ny of the restrictive covenants, as specified in South Carolina Code of Laws,
Section 6-29-1145.	
(Signature)	(Date)
(Signature)	(Date)
	(Print Name)
For Staff Use Only:	
Received by Da	ate Application Number



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

#### TREE AFFIDAVIT

I,		, hereby certify that proposed developmen	nt at					
(address):			,					
PID # (Parcel Identifica	tion#) / TMS# (Tax N	Map #):						
Tree (24" DBH or great	ter) as defined in Artic	eration, removal or destruction of any required Colcle 9.4 Tree Protection and Preservation of the Regulations Ordinance.						
_	_	nd all required trees in or near development are <b>During Development and Construction.</b>	eas as					
requirements of Charles revocation of zoning and	ton County. I am awa d building permits, delay	actions not in compliance with tree preservers that violations may result in stop work or ays in issuance of certificate of occupancy, fines of Zoning Appeals of Planning Director.	rders,					
(Owner / Rep	resentative Signature)	(Date)						
	(Print Name)							
For Staff Use Only:								
Received by	Date	Application Number						
03/23/16								