

CITY OF HANAHAN ZONING CLEARANCE APPLICATION TO APPLY FOR BERKELEY COUNTY STORMWATER PERMIT

Applicant	Pro	operty Owner
Name:	Name:	
Phone:	Phone:	
Mailing Address:	Mailing Address:	
E-mail:	E-mail:	
City Business License # (if applicable):		
Project Information		
Project Address:		
Project Location:		
Zoning District:	Acreage:	
Tax Map Number(s):		
Project Description:		
Minimum Requirements for Submittal		
 Recorded deed and plat showing proof of property ownership. An approved major land development preliminary plan or site development plan. 		
DISCLAIMER: The City of Hanahan assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit.		
I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property. As applicable, I authorize the subject property to be posted and inspected.		
Property Owner Signature:		Date:
Applicant Signature:		Date:
For Office Use		
Project Name:		Date Received:
Approved By:		Date Approved: