



Zoning Department

101 North Main Street

Lancaster, SC 29720

Ph: (803) 416-9777 Fax: (803) 416-9797

www.mylancastersc.org

Zoning Application

Date: _____ Email Address: _____

Applicant Name: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Property Owner: _____ Phone # _____

Address: _____ City: _____ State: _____ Zip: _____

Site Location: _____ Subdivision: _____

Type of structure being built: _____

Circle one: County water City Water Well

Circle one: County sewer City Sewer Septic

Note: Covenant restrictions may exist and the most restrictive regulations shall apply.

For official use only

Tax Map Number _____ Area subject to flooding? Yes No

Zoning Designation & other notes: _____

The undersigned acknowledges any information given incorrectly, erroneous or incomplete shall render this document, and therefore, any permit issued null and void. I further understand that the Lancaster County Zoning Department can not intervene in contract and/or liability disputes.

Property Owner / Agent Signature

Print Name

Date