

## Home Occupation Application Package

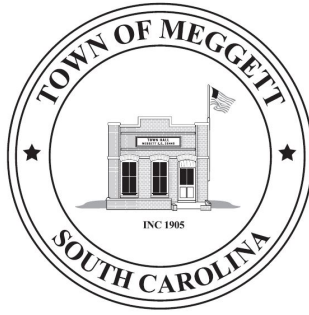
In order to assure the site can safely support the proposed activity, the Planning Department may require one or more of the following items prior to issuing a Zoning Permit for a Home Occupation (in addition to the required fee):

### Applicant Information

- ◆ Home Occupation Affidavit
- ◆ Letter of Intent
- ◆ Restrictive Covenants Affidavit

The intent of this Article is to provide regulations that guide the use of unincorporated properties for the purpose of conducting a commercial home occupation within a residence. This Article intends to create a balance of greater flexibility for home occupation uses, while protecting the surrounding community. The regulations of this Article shall apply in conjunction with any other standards contained within this Ordinance.

Harry V. "Buster" Herrington, III  
Mayor



843.889.3622  
Fax: 843.889.6873  
4776 Highway 165  
Meggett, SC 29449

## Home Occupation

\_\_\_\_\_, I am a full time resident of the dwelling at

Name

\_\_\_\_\_  
Address of Home Occupation

Name of the business I will be operating from this address is:

\_\_\_\_\_  
Name of Home Occupation

I have read and understand the requirements and standards for a Home Occupation as stated in Article .4 of the *Town of Meggett Zoning and Land Development Regulations (ZLDR) Ordinance*. Additionally, I have been provided a copy of this section of the Ordinance.

**Any violations of this section of the ZLDR Ordinance could result in revocation of the zoning permit.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Town of Meggett**  
**Zoning and Planning Department**  
 4776 Highway 165  
 Meggett, SC 29449  
 843.889.3622

**Letter of Intent to Establish a Business**

**Applicant Information**

<i>First Name:</i>		<i>Last Name:</i>	
<i>Mailing Address:</i>			
<i>Home/Cell Phone #:</i>			
<i>Email Address:</i>			

**Property Information**

<i>Address:</i>	
<i>verified:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	
<i>Is this your residence?</i>	
<i>Name of Business:</i>	
<i>TMS #:</i>	
<i>Days of Operation:</i>	<i>Hours of Operations:</i>
<i>Number of Employees:</i>	<i>Zoning District:</i>

*Please provide a detailed explanation of your proposed use:*


<i>Signature:</i>	<i>Date:</i>
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**Office Use Only**

<b>Zoning District:</b>	<b>Taken in by:</b>
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<b>TMS#:</b>
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<b>Home Occupation:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Vacant for more than 2 years:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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<b>Overlay District:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>Name of Overlay District:</b>
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**ZONING CLASSIFICATION:**

<b>Approved use?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
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<b>Approved:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>By:</b>	<b>Date:</b>
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**RESTRICTIVE COVENANTS AFFIDAVIT**

I, \_\_\_\_\_, have reviewed the restrictive covenants applicable to  
PID # (Parcel Identification #) / TMS # (Tax Map #): \_\_\_\_\_,  
located at (address) \_\_\_\_\_, and the proposed permit application is not  
contrary to, does not conflict with, and is not prohibited by any of the restrictive covenants, as  
specified in South Carolina Code of Laws, Section 6-29-1145.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

Explanation:

Effective July 1, 2007, South Carolina Code of Laws Section 6-29-1145 requires local governments to inquire in the permit application, or in written instructions provided to the applicant, if a tract or parcel of land is restricted by a recorded covenant that is contrary to, conflicts with or prohibits an activity for which a permit is being sought.

(Section 6-29-1145 is copied on the back of this page)

\_\_\_\_\_  
For Staff Use Only:

Received by \_\_\_\_\_ Date \_\_\_\_\_ Application Number \_\_\_\_\_