

CITY OF MANNING



ZONING PERMIT

PERMIT NUMBER: _____

APPROVED BY: _____

APPLICANT: _____

TELEPHONE NUMBER: _____

LOCATION: _____

TAX MAP NUMBER: _____

MINIMUM YARD REQUIREMENTS (SETBACKS):

PRIMARY Front _____ ft. Rear _____ ft. Side _____ ft. Height _____ ft.

SECONDARY Front _____ ft. Rear _____ ft. Side _____ ft. Height _____ ft.

PRESENT USE: _____

PROPOSED USE: _____

NATURE OF WORK: _____

CONDITIONS: _____

SIGNATURE OF APPLICANT ADDRESS STATE ZIP DATE

NOTE: Work described on this Zoning Permit must begin within 6 months of issue and must be completed within one (1) year.

**INSTRUCTIONS FOR COMPLETING
ZONING PERMIT FORM**

ITEM 1: PERMIT NUMBER WILL BE ASSIGNED BY CITY HALL.

ITEM 2: APPROVED BY WILL BE SIGNED BY CITY HALL.

ITEM 3: PRINT APPLICANTS NAME.

ITEM 4: PRINT TELEPHONE NUMBER APPLICANT CAN BE REACHED DURING NORMAL BUSINESS HOURS.

ITEM 5: ENTER THE ADDRESS WHERE WORK WILL BE PERFORMED.

ITEM 6: ENTER TAX MAP NUMBER WHERE WORK WILL BE PERFORMED.

ITEM 7 & 8: MINIMUM SETBACK REQUIREMENTS WILL BE DETERMINED BY CITY HALL.

ITEM 9: ENTER THE PRESENT USE OF THIS PROPERTY.

ITEM 10: ENTER THE PROPOSED USE OF THIS PROPERTY.

ITEM 11: ENTER THE NATURE OF THE WORK TO BE PERFORMED.

ITEM 12: CONDITIONS (IF APPLICABLE) UNDER WHICH THIS WORK CAN BE PERFORMED WILL BE COMPLETED BY CITY HALL.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**