



**City of Clemson**  
**PLANNING & CODES ADMINISTRATION**

ZONING PERMIT # \_\_\_\_\_

1250 Tiger Blvd., Suite 4 • Clemson, SC 29631-2662  
 Phone (864) 653-2050 • Fax (864) 653-2057 • www.cityofclemson.org

**ZONING PERMIT APPLICATION**

**APPLICANT TO COMPLETE NUMBERED SPACES ONLY.**

1	PROPERTY ADDRESS	LOT #	TAX MAP #
2	OWNER	MAILING ADDRESS	PHONE
3	APPLICANT	MAILING ADDRESS	PHONE
4	PROPOSED USE (CIRCLE ONE)		
	SINGLE FAMILY	DUPLEX	MULTIFAMILY
			COMMERCIAL
			OTHER
5	DESCRIBE REQUEST		
6	DOCUMENTS SUBMITTED WITH THIS APPLICATION:		

**APPROVAL OF A ZONING PERMIT DOES NOT SUPERCEDE REQUIREMENTS FOR ANY OTHER REQUIRED PERMIT.**

**DESIGNATION OF AGENT:** (Complete only if owner is not applicant): I (we) hereby appoint the person named as applicant as my (our) agent to represent me (us) in this request for a zoning permit.

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Owner signature (s)

I certify the information in this request is correct.

DATE: \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

Date: \_\_\_\_\_  Approved.  Disapproved for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_

Zoning and Codes Administrator