



City of Clemson

PLANNING & CODES ADMINISTRATION

365 College Avenue • Clemson, SC 29631-1433 • (864) 653-2050 • Fax (864) 653-2057 • www.cityofclemson.org

PLANNING COMMISSION SUBDIVISION APPLICATION

Please complete in ink and return to the Planning and Codes Administration Department with required information, attachments, and filing fee. Subdivision applications require a designation of agent if owner is not the applicant and a **filing fee of \$150** due during preliminary plat application. **Incomplete applications will not be accepted.**

Portion Of _____

File no.: S - - PIN: 4 0 6 4 - 1 8 - 3 2 - 8 0 7 2 Date submitted: 05 / 20 / 2013 Planning Commission meeting date: 06 / 04 / 2013

This application is for: Sketch Plan Review Preliminary Plat Review Final Plat Review

Existing No. of Lot(s): Phase I, II, Proposed No. of Lot(s): 22 New road(s) proposed: Yes No If new road(s) proposed, total length of new road(s): 1,610 feet (Including Alleys)

OWNER(S) INFORMATION

Last name: Patrick Square, LLC First: Middle: Interest: Sole owner Co-owner

Mailing address: 2201 N. Fourth St. - Suite 200 City: St. Petersburg State: FL ZIP Code: 33704

Daytime phone no.: (727) 823-0022 Fax no.: (727) 821-2007 E-mail: jbussey@jmcdev.com

APPLICANT INFORMATION

To be completed only if Owner is not Applicant:

Applicant's last name: First: Middle:

Mailing address: City: State: ZIP Code:

Daytime phone no.: () Fax no.: () E-mail:

PROPERTY INFORMATION

THE OWNER/APPLICANT HEREBY REQUESTS that the property described below be subdivided as proposed on the attached documents.

Property address: 578 Issaqueena Trail, Clemson, SC Property dimensions: Ph. IX Residential Property area: Ph. IX Residential

DESIGNATION OF AGENT

To be completed by Owner(s) only if Owner is not Applicant. **All owners must sign.**

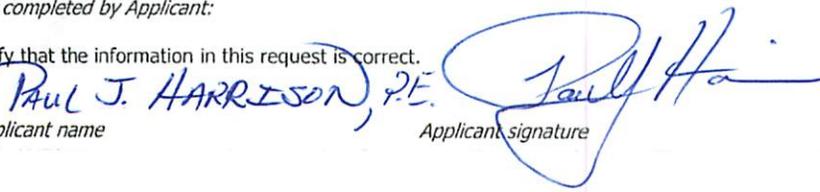
I (we) hereby appoint the person named as Applicant as my (our) agent to represent me (us) in this appeal for a variance.

Patrick Square, LLC Owner name  Owner signature President Date: 5-17-2013

Owner name Owner signature Date

To be completed by Applicant:

I certify that the information in this request is correct.

 Applicant name Applicant signature Date: 5-20-2013

Applicant name Applicant signature Date



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PLANNING COMMISSION SUBDIVISION/REZONING APPLICATION

Please complete in ink and return to the Planning and Codes Administration Department with the additional required information.

File no.: - - Portion Of Date submitted: Planning Commission meeting date:
 PIN: 4 0 6 4 - 1 8 - 3 2 - 8 0 7 2 05 / 20 / 2013 06 / 04 / 2013

ACKNOWLEDGEMENT CONCERNING DEED RESTRICTIONS AND RESTRICTIVE COVENANTS

To be completed by Applicant:

I, Paul J. Harrison have reviewed all deed restrictions and restrictive covenants which may prohibit certain uses
Print name of applicant
 and/or require certain development restrictions, i.e. building height, setbacks, access, screening, etc. which may apply to this property, located at:

Portion of 4064-18-32-8072
Property address or Property Identification Number (PIN)

- I acknowledge that I understand the implications of use and/or development restrictions that are a result of deed restrictions and restrictive covenants. If a conflict should result from this request due to deed restrictions and restrictive covenants, it is my responsibility to resolve it.
- I understand that upon request, I must provide copies of all deed restrictions and restrictive covenants which apply to this property.

Paul J. Harrison
 Applicant signature

Date 5-20-2013



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ZONING PERMIT # _____

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ZONING PERMIT APPLICATION

APPLICANT TO COMPLETE NUMBERED SPACES ONLY.

1	PROPERTY ADDRESS 578 Issaqueena Trail, Clemson, SC	LOT # N/A	TAX MAP # PO 4064-18-32-8072
2	OWNER Patrick Square, LLC	MAILING ADDRESS 2201 Fourth Street North St. Petersburg, FL 33704	PHONE 727-823-0022
3	APPLICANT Patrick Square, LLC	MAILING ADDRESS 2201 Fourth Street North St. Petersburg, FL 33704	PHONE 727-823-0022
4	PROPOSED USE (CIRCLE ONE) <input checked="" type="radio"/> SINGLE FAMILY <input type="radio"/> DUPLEX <input type="radio"/> MULTIFAMILY <input type="radio"/> COMMERCIAL <input type="radio"/> OTHER		
5	DESCRIBE REQUEST Phase IX Residential Construction		
6	DOCUMENTS SUBMITTED WITH THIS APPLICATION: Preliminary Plat Submittal, PC Subdivision Application, PC Subdivision Rezoning Application, \$150.00 Fee		

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: 5/14/13

President Patrick Square, LLC
[Signature]
Owner signature (s)

I certify the information in this request is correct.

DATE: 5-20-2013

[Signature]
Applicant's signature

Date: _____ Approved. Disapproved for the following reasons:

Zoning and Codes Administrator

May 20, 2013

Ms. Sharon Richardson
Director
City of Clemson - Department of Planning & Codes Administration
1250 Tiger Boulevard, Suite 4
Clemson, SC 29631
864-653-2050
srichardson@cityofclemson.org

RE: **Patrick Square - Phase IX Residential**
Subdivision Application Submittal Package & Additional Information
Issaqueena Trail - Clemson, SC

Dear Sharon,

Please find the attached information as listed below for purposes of a preliminary plat submittal on the above reference project. Please feel free to contact me (paul@bluewatercivil.com or 864-735-5068) if you have any comments or questions concerning this submittal

Regards,
Bluewater Civil Design, PLLC



Paul J. Harrison, P.E., LEED® AP
Partner

Items Included in Submittal

- (5) 24"X36' copies of the construction plans (Phase IX)
- (1) \$150.00 application fee
- (1) Planning Commission "Subdivision Application"
- (1) Planning Commission "Subdivision/Rezoning Application"
- (1) Zoning Permit Application