



City of Camden
South Carolina

APPLICATION FOR LAND DEVELOPMENT

Date: _____ Fee: _____

Project Name: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Location Address or Description: _____

Tax Map #: _____ Present Zoning: _____

Type of Development: Residential Commercial Industrial

Estimated Cost of Construction: _____

I certify that the information in this request is accurate and complete, and that this property is not subject to a recorded covenant that is contrary to, conflicts with, or prohibits this action.

Applicant Signature

Office Use Only

Historic Overlay District: Yes No If yes, Date of Certificate of Appropriateness: _____

Corridor Overlay District: Yes No Flood Hazard Zone: _____

Date of Review Committee Meeting: _____

Action Taken: Approved Approved Conditionally Denied
By: Planning Commission Zoning Administrator

Comments: _____
