



**CITY OF MULLINS PLANNING AND
PERMITTING DEPARTMENT**

151 E. Front St.
P.O. Box 408
Mullins, SC 29574
Phone: 843-464-9583
Fax: 843-464-5202

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

[This Section to be Completed by the Applicant] [A \$25.00 application fee is required.] [A Site Map must be submitted along with application that show building location with measurements.] See example

Applicant's Name: _____

Applicant's Address: _____

Applicant's Contact Number: _____

Business Name: _____

Business Address: _____

Existing Building: _____ New Building: _____

Do you intend to make any renovations? _____ Yes _____ No

If yes, what are the renovations? _____

Is business a home occupation? _____ Yes _____ No

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

[For Zoning Staff Use Only]

Tax Map Number: _____

Zoning District: _____ NAICS Number (if applicable): _____

Required Parking Spaces: _____ Proposed No. of Parking Spaces: _____

If Nonconforming category is checked, please reference Section 30-249 of the Zoning Ordinance for approval in accordance with this section.

Is a Common Signage Plan required and attached as stipulated by Section 30-203 of the Zoning Ordinance? _____ Yes _____ No

