

Sumter City-County Planning Commission 12 W. Liberty St. (PO Box 1449), Sumter, SC 29151

(803) 774-1660



APPLICATION FOR CONDITIONAL USE

Conditional Use Type: C(Staff Approval) C-300 C-500 In-Home Day Care (# of Children:)					
PART 1 – APPLICANT INFORMATION					
Applicant Name:		Email:Phone:			
Applicant Address:	Street	City	ZIP		
Property Owner Name:		Email: Phone:			
Property Owner Address:	Street	City	ZIP		
PART 2 – PROPERTY INFORMA	TION				
Tax Map Number:	Parcel Size(s):				
Present Zoning	Present Use of Property				
, ,	Si Si	dede			
Property Location: (Address)					
Description of Proposed Use, including SIC Code:					
(Attach additional pages and/ or graphics as needed)					
Is this tract or parcel restricted by any recorded	covenant that is contrary to, conflicts	with, or prohibits the activity descri	ibed in this permit?		
Additional Remarks:					
PART 3 – GENERAL CONDITIONAL USE CRITERIA (as found in Ordinance Article 5.b.1.)					
The criteria outlined in <i>Article 5.b.1.a th</i> specific criteria found in <i>Article 5.b.1.g t</i> 1. Site Access (Ingress/Egress) Please describe how ingress and egress convenience, so as not to be detriment.	to the proposed site will be pro	e. Please provide answers to o	each of the six (6) questions below:		
2. Parking and Loading Areas					
Please describe how required off-street	parking and loading areas will b	e in harmony with adjacent p	properties:		

[Form continues on second page]



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3. Solid Waste Disposal and Service Areas

Please describe how dumpsters and service areas will be adequately screened		
of-way and located in such a way as not to create a nuisance to adjacent prop	erties, in accordance with Article 4	<i>1.k.</i> :
4. Screening, Buffering, and Separation of Nuisance Features		
Please describe how screening, buffering, or separation of nuisance or hazard	lous features will be provided with	n reference to type,
dimension, and character:		
L		
5. Signs and Lighting		
Please describe how proposed signs and exterior lighting will be provided so	as not to create glare, impair traffi	ic safety, or be incompatible
with adjacent properties:		
5. Site Suitability and Compatibility (Size, Shape, Topography)		
Please describe how the site is suitable in terms of size, shape, and topograph		e proposed use, while
ensuring compatibility with the area and the safety and welfare of area resider	nts:	
PART 4 – CERTIFICATION		
I hereby certify that I have read this application and the information supplied herein is true and and/or County Ordinances and State Laws related to land development. I am the property ow		
regarding this matter. I understand that falsifying any information herein may result in nullificat		
	-	
Applicant Name	Signature	Date
Applicant Ivanic	Signature	Daic
Property Owner or Authorized Agent Name (if different from Applicant)	Signature	Date
APPLICATION MUST:		
◆ Include an application fee of \$25.00 A Include a detailed site plan (if applicable)		
• Include a detailed site plan (if applicable)		
OFFICE USE ONLY: Date Fee Paid: Amount Paid:	Deceived By	
Date Fee Paid: Amount Paid:	Received By:	
TMS #: Zoning District:	Site Plan #:	
Comments		