



TOWN OF KIAWAH ISLAND

21 BEACHWALKER DRIVE • KIAWAH ISLAND, SC 29455 • (843) 768-9166 • FAX (843) 768-4764

ZONING PERMIT APPLICATION

(Please print)

DATE: _____ TMS#: _____ PROPOSED USE: _____

PROPERTY ADDRESS: _____

APPLICANT/OWNER'S NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ EMAIL: _____

ARCHITECT OR LOCAL CONTACT'S NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ EMAIL: _____

DESCRIPTION OF ZONING PERMIT APPLICATION (required information: acreage, building square foot total, square footage breakdowns, # of units, water and sewer letter, attached additional sheets if necessary).

Applicant/Owner/Contractor Signature

FOR TOWN OF KIAWAH ISLAND OFFICIAL USE ONLY

Official Receiving Application: _____ Date Received: _____

Flood Zone: _____ Flood Elevation: _____

FEMA Panel #: _____ FEMA Panel Date: _____ Valuation: \$ _____

FOR ZONING & PLANNING DEPARTMENT USE ONLY

EnerGov Plan Case #: _____ Date Received: _____ Staff: _____

Date Reviewed: _____ Staff: _____

Date Returned: _____ Staff: _____