

CERTIFICATE  
OF  
ZONING COMPLIANCE



Planning Department  
101 Sharpe Avenue or PO Box 987  
Union, South Carolina 29379  
Phone: 864.429.1720  
FAX: 862.429.1686

Name of Business: \_\_\_\_\_

Applicant (Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Property Owner [if different]: \_\_\_\_\_

Proposed Use or Request: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Will Alcohol be Served: \_\_\_\_\_

Previous Use (if known): \_\_\_\_\_ If vacant, how long (if know): \_\_\_\_\_

**Certifications:** The applicant certifies information on this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void. Applicant also attests that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested. *Applicant also agrees to the conditions in the City of Union Zoning Code.*

Signature of Applicant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**FOR OFFICE USE ONLY**

*If incomplete, returned:* \_\_\_\_\_

Date Filed: \_\_\_\_\_ [ ] Fee Paid/ Receipt#: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Required Parking Spaces for Use: \_\_\_\_\_

Proposed Use is: [ ] Permitted [ ] Special Exception [ ] Prohibited [ ] Same Use [ ] Change of Use

Zoning Permit is: [ ] Approved [ ] Denied [ ] Temporary

[ ] Forms/Docs Attached: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning Administrator/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

This Certificate of Compliance is issued in accordance with Section 105 of the City of Union Zoning Code. If a request is denied, the applicant has the right to appeal within 15 days of this determination. Appeal forms are available in the Planning Department of the City of Union, 101 Sharpe Avenue, Union, South Carolina. Phone 864.429.1720 Fax 864.429.1686 (8/08)



**City of Union  
Planning Department**

**STATEMENT OF INTENDED USE**

**Name of Business:** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Please state in writing a complete detail of the intended use of the property listed above:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification: The applicant certifies information on this statement is true and correct. If any information is false or misleading, the zoning permit shall be considered void.**

\_\_\_\_\_  
**Signature & Title of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Printed Name**