

Charleston County
Dept. of Revenue Collections
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North Charleston, SC 29405-7464

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McClellanville
Town Offices
405 Pinckney Street
McClellanville, SC 29458-9723

Phone: (843) 887-3712
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Town of McClellanville Business License Application Form

For Businesses within Town Limits (Please make checks payable to Charleston County)

Date Officially Opened: _____

Federal Id No. or Social Security No.: _____

SC Retail Tax No.: _____

Business Name: _____

DBA Name: _____

Mailing Address: _____

Location Phone: _____

Cellular Phone: _____

Business Street Location: _____

Owners/Agents Names: _____

Type of Business: _____

Have you operated this type of business before? yes no

If yes, did you move from another location? yes no

Will this business be operated from your home? yes no

If this business will be operated from your home, you must complete the attached Certification for Home Occupation form.

Estimated Gross Income from date opened to December 31st \$ _____

Signature: _____

Date: _____

Class: _____ NAICS Code: _____

Fee: \$ _____

Please make your check payable to Charleston County

Certification for Home Occupation in the Town of McClellanville

By signing this certification, the owner/owners of the premises acknowledge the following:

1. Any and all home occupations operated on this property shall collectively occupy no more than one-third (1/3) of the gross floor area of the residence.
2. The home occupation shall be conducted entirely within the principal residence on the property.
3. There shall be no exterior evidence of the home occupation, with the exception of one sign as permitted for home occupations in Article IX of the McClellanville Zoning and Land Development Ordinance.
4. Any article, product or service sold in connection with the business operation shall be produced on the premises.
5. The home occupation shall not impact the local community and neighborhood conditions such as, but not limited to, increasing noise or traffic.
6. No mechanical equipment shall be used in connection with the business activity other than such equipment that is customary of domestic or household purposes.
7. Only occupants of the principal residence, or members of the immediate family, will be engaged or employed to assist in operation of the home occupation.
8. The following use(s) will not be established in conjunction with the proposed home occupation: animal hospital, kennel, stable, barber shop or beauty parlor, dance school, funeral home, medical or dental clinic or hospital, nursery school, restaurant, or tourist home.

An attached Site Development Plan or Sketch plan of property shows the following:

- o Location of the principal structure and portion of the residence where the home occupation will be conducted.
- o Existing land uses of the subject property and adjacent parcels.
- o Any screening/buffering existing between the structure where the home occupation will be conducted and parking areas, and adjacent properties.
- o Parking spaces existing and to be provided. Note per §8.3, one (1) parking space per home occupation is required in addition to those required for the residential use.
- o Means of accessibility to parking from the public road.
- o Location/details of any proposed signage pursuant to §9.6.1, Tables A-E.

The undersigned hereby certifies that as owner/owners of the property known as

Street Address: _____ TMS No.: _____ will operate a home occupation in accord with the provisions and limitations of Section 3.5.1 of the McClellanville Zoning and Land Development Ordinance and any other applicable local and state statutes. I/We understand that the property may be inspected for compliance with the site development or sketch plan attached to this application if there is need to determine whether such occupation is being conducted as represented above.

Owner (print Name)

Owner (print Name)

Owner (signature)

Owner (signature)

Date

Date

Town of McClellanville
Zoning Permit Application for Approval of a Business Use

The applicant hereby requests a zoning permit pursuant to Section 3.1 of the McClellanville Zoning and Land Development Ordinance to use and/or develop the subject property as a business.

Applicant(s)[print]: _____

Mailing Address: _____

Telephone: [work] _____ [home] _____ [cell] _____

Interest: Owner(s) ; Agent of Owner(s) ; Other _____

If the Applicant is other than the owner

Owner(s)[print]: _____

Mailing Address: _____

Telephone: [work] _____ [home] _____ [cell] _____

[Please list additional owners on reverse side]

Note:
If the application is on behalf of the property owner(s), all owners must sign. If the applicant is not an owner, the owner(s) must sign the Designation of Agent section.

Designation of Agent [complete only if owner is not applicant]: I (we) hereby appoint the person named as Applicant to represent my (our) interest in this request for a zoning permit.

Date: _____

Certification of Covenants/Restrictions I (we) hereby certify that to my (our) knowledge, the tract or parcel of land subject to this application **is** **is not** restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity for which this permit is sought. If such covenant exist(s), a copy of the recorded document must be attached for this application to be complete.

I (we) certify that the information in this request is correct.

Date: _____

Owner/Applicant signature(s)

Zoning Administrator Review

Date: _____ **Approved** **Approved with conditions** **Disapproved**

Zoning Administrator