



CITY OF GOOSE CREEK PLAT APPLICATION - FORM-P §6-29-1110(2)(a)(b)(c)

This application is for plat submittals that require lot line adjustments. If lines are to be removed, relocated, abandoned or modified in any way, the owners of said impacted lot (s) must be party to this application as attested to by their notarized signature.

TODAY'S DATE: \_\_\_\_\_

PERMIT FEE: \$ 75.00

1. DEVELOPER/OWNER \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME OF SUBDIVISION \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

2. WHAT IS THE ZONING CLASSIFICATION FOR THIS PROPERTY? \_\_\_\_\_

3. PROPERTY INFORMATION:

A. TMS: \_\_\_\_\_ NO. OF LOTS: \_\_\_\_\_ TOTAL ACREAGE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ (Signature must be witnessed by notary)

B. TMS: \_\_\_\_\_ NO. OF LOTS: \_\_\_\_\_ TOTAL ACREAGE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ (Signature must be witnessed by notary)

C. TMS: \_\_\_\_\_ NO. OF LOTS: \_\_\_\_\_ TOTAL ACREAGE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SIGNATURE OF PROPERTY OWNER: \_\_\_\_\_ (Signature must be witnessed by notary)

NOTARY AUTHORIZATION

State of South Carolina )

)SS:

County of \_\_\_\_\_ )

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me a notary public, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

SIGNATURE OF APPLICANT

SIGNATURE OF NOTARY

OFFICE USE ONLY

Remarks: \_\_\_\_\_

Approval: Zoning Administrator \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_