



Town of Clover

Zoning Verification Request

116 Bethel Street, PO Box 1060
Clover, South Carolina 29710
Ph: 803.222.9495 | FAX: 803.222.6955
www.cloversc.org

Purpose:

Verifies the following:

- Property is located within the Town of Clover;
- The zoning designation of the property; and
- Verification that a particular use is permitted within the property's zoning district.

**ALLOW UP TO 5 BUSINESS DAYS FOLLOWING
RECEIPT OF COMPLETE REQUEST TO PROCESS**

Directions: Fill out the request form completely and sign.

Applicant Information

Name: _____

Address: _____

Phone: _____ Email: _____

Preferred method of delivery (mail, email, or fax): _____

Property Information

Property address: _____

Property Tax Map Number: _____

Proposed use: _____

Signature of applicant: _____ Date submitted: _____

*Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law. This review does not include investigation of any deed restrictions, restrictive covenants or other types of restrictions, e.g. easements, that may be contrary to, conflict with, or prohibit the desired use. An inspection of the property or building will not be conducted as part of the Zoning Verification process. Zoning and Land Development Ordinance may be viewed at Town Hall during normal operating hours or at www.cloversc.org. **To ensure that a proposed use is allowed, a Zoning Compliance Permit is required.***

Date Filed: _____ [] Fee Paid: _____

Property is Zoned: _____

Proposed Use is: Permitted Prohibited Conditional Use Special Exception

Proposed Use will require: Building Permit Site Plan Major Subdivision Minor Subdivision
 Rezoning Temporary Use Other _____

Comments: _____

Zoning Administrator/Designee: _____ Date: _____

Response Date: _____