

HORRY COUNTY
PLANNING & ZONING DEPARTMENT
1301 SECOND AVE., SUITE 1D 09
CONWAY SC, 29526



Phone: (843) 915-5340

Zoning Compliance Application for Commercial Business

[Email to ZoningApplications@horrycountysc.gov](mailto:ZoningApplications@horrycountysc.gov)

Failure to completely fill out may result in delay or denial of your Zoning Compliance

Business Name/DBA: _____

Physical Address of Business: _____

Business Owner Name: _____ Phone #: _____

Applicant/Agent: _____ Phone #: _____

** The Applicant/Agent is the Person Representing Business Owner with the Business Owners Permission**

Property Owner Name: _____ Phone #: _____

Applicant/Agent Email Address: _____

All correspondence will be emailed unless specified otherwise

A signed lease agreement or notarized letter from property owner must be provided before a Zoning compliance can be issued.

Type of Business: _____

DESCRIBE IN DETAIL (Define your daily operations):

Outdoor storage/display areas will need to be reviewed for compliance and cannot be located within a right-of-way. A site plan drawn to scale may be required prior to review for compliance.

Please answer the following questions:

1. What was the previous use or business operating on this property or within this structure?

2. Will there be any outdoor storage of materials and/or equipment? Yes No
If yes, what will you be storing and where will it be located? _____

3. Will there be any towing at this location? Yes No
If yes, will you be doing; Non-Consensual? Yes No Rotational? Yes No

4. Will there be any outside displays of merchandise (i.e. automobiles, golf carts, RVs, mopeds, etc.)? Yes No
If yes, what will you be displaying and where is it located? _____

5. Will there be on-site consumption of alcohol at this business? Yes No
If yes, please list hours of operation; _____

6. Will there be any adult entertainment at this location? Yes No

7. Is this a massage therapy Spa? Yes No

If yes, please provide a floor plan labeling the use of each room for inspection purposes and a copy of all valid S.C. Massage Therapists license working in the facility

8. Please list the number of employees at this location. _____

9. Are there any restrictive covenants that would prohibit or conflict with this use? Yes No

By signing this application, I certify that I have read all the conditions and all information given above is correct and acknowledge disclaimer that pursuant to Section 105 of the Zoning Ordinance all determinations by staff are subject to appeal to the Zoning Board of appeals by any person aggrieved.

Signature of Business Owner: _____ Date _____

Signature of Agent: _____ Date _____
(if applicable, allows agent to act as representative for the business owner)