

# Development Review Application

City of Seneca

Planning & Development

Date: _____		Tax Map Number: _____	
Property Address: _____			
Applicant/Contractor Name: _____			
Phone Number #: _____		Email Address: _____	
Property Zoning Classification: _____			
<b>Dimensional Requirements:</b>	<b>Minimum Requirements</b>	<b>Shown on Plans</b>	
Lot Width:	_____	_____	
Lot Area:	_____	_____	
Front Setbacks:	_____	_____	
Side Setbacks:	_____	_____	
	_____	_____	
Rear Setbacks:	_____	_____	
Max. Building Height:	_____	_____	
Within Flood Plain Zone?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is Screening/Buffer Required?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Screening/Buffer details, if applicable: _____			
<b>Parking:</b>	<b>Details</b>	<b>Required Parking Spaces</b>	
Net Floor Area:	_____	= _____	
Seating Capacity:	_____	= _____	
Number of Dwelling Units:	_____	= _____	
Other:	_____	= _____	
Total Number of Parking Spaces Required: _____			
Number & Size of Loading/Unloading Bays Required: _____			
Additional Comments: _____			
Approved by: _____		Date: _____	

*The applicant/contractor is responsible for the accuracy of the information presented regarding the property (i.e. lot dimensions, right-of-way, site plan, etc).*

**By my signature, I affirm that:** I have read and understood the information provided on this form; this property is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application, pursuant to §6-29-1145 of the South Carolina Code of Laws.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date