



Zoning Department
1070 Heckle Blvd, Rock Hill, SC 29732
Phone (803) 909-7216
Fax (803) 909-7227

Power Authorization Request

Please allow 5 Business Days for Processing

Date: _____

Name of Business: _____

Applicant (Name): _____

Mailing Address: _____ Phone: _____

Property Address: _____

Tax Map Number: _____

Property Owner: _____ Contact # _____

Power Company: _____

Please submit a written authorization from the property owner acknowledging the proposed use.

Proposed Use or Request: _____

Previous Use: _____ If vacant, how long? _____

Are any improvements being made to the facility? Yes [] No []

Total Parking Spaces _____ No. of Handicap Spaces _____

A Zoning Permit is required for any development activity requiring a Building Permit; change of use; or accessory use. A site inspection will be done by the York County Zoning Department. The applicant agrees that no land disturbance activity shall commence without first obtaining the proper permits from the Environmental Compliance Department. The applicant certifies information on this application is true and correct. If any information is false or misleading, the power letter shall be considered void.

Signature of Applicant: _____

OFFICE USE ONLY

Zoning District: _____ Violations: _____

Required Landscaping for Use: _____

Required Parking Spaces for Use: _____

Comments: _____

Zoning Permit is: Approved _____ Denied _____

Date: _____ Commercial Zoning Assistant: _____