



**PLANNING & DEVELOPMENT SERVICES
1070 HECKLE BLVD, SUITE 107, ROCK HILL, SC 29732
PHONE (803) 909-7230 / FAX (803) 909-7227**

LAKE WYLIE/CATAWBA RIVER BUFFER AND MITIGATION PERMIT APPLICATION

THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO PROCESSING:

- ATTACHED APPLICATION FILLED OUT COMPLETELY;
- A \$50.00 APPLICATION FEE;
- COPY OF PLAT/LAKE WYLIE TREE SURVEY*;
- CORRIDOR ACCESS PLAN (If Necessary);
- TREE REMOVAL PLAN;
- REVEGETATION PLAN (If Necessary);
- MITIGATION PLAN (For Violations Only);
- SHORELINE STABILIZATION PLAN (If Necessary);
- ADDITIONAL INFORMATION AS NEEDED.

IN ORDER TO APPLY FOR APPROVAL, THE LOT OWNER MUST SUPPLY THE DEPARTMENT WITH A SURVEY, PREPARED BY A SOUTH CAROLINA-REGISTERED LAND SURVEYOR, SHOWING THE FOLLOWING:

- (1) The course and direction of any Lake Wylie or Catawba River project boundary adjacent to the lot;
- (2) The course and direction of the top of the bank of perennial streams within or adjacent to the lot;
- (3) The interior edge of the required buffer, as required by subchapter 155.326 of the York County Zoning Code;
- (4) The location of any previously existing, nonconforming structures located within the buffer;
- (5) The location and size of any existing tree, four inches DBH or greater, located in the buffer; and
- (6) The location of the proposed activities for which approval is being requested.

**THE FOLLOWING INFORMATION IS TO BE PROVIDED IN THE APPLICATION PACKET.
PLEASE PRINT OR TYPE.**

APPLICANT NAME: This is the person who will represent the property owner(s).

PROPERTY OWNER NAME: This is the person that is listed with the Tax Assessor as the property owner.

PROPERTY ADDRESS: Address of the property

PROPERTY DIRECTIONS: Give specific directions to the property. Begin with a major, heavily traveled road. Landmarks, directional language (north, south, etc.) and distances should be included.

PROPERTY CONDITIONS: Explain the landscaping and topography of the land. *Examples:* partially wooded and sloping from rear to front, or front no trees and flat, back wooded and rolling.

PROPERTY TAX MAP #: The Tax Map Number can be found on the property tax notice or it can be obtained by calling 684-8526. The Property Tax Reference Number is important because it gives the Staff access to pertinent information not listed on the application.

LOT AREA: Provide the size (area) of the lot. You may use either acres or square feet.

ZONING DISTRICT: Zoning classification(s) that occupy the property. This information can be obtained from the Zoning staff.

USE OF PROPERTY: Describe, in general terms, the current use of the property.

ACTIVITY INFORMATION: Mark the proposed permitted activity; or if the purpose of the activity is to resolve a violation, check the appropriate mitigation action.

SUPPORTING DOCUMENTATION: Please provide the appropriate plans per the action requested:

- **Tree Removal Plan:** Illustrate all trees greater than four (4) inches in diameter to be removed.
- **Corridor Plan:** Illustrate the location of the access corridor and proposed vegetation and trees to be removed.
- **Re-vegetation Plan:** After construction of the access corridor, illustrate how the disturbed vegetation will be reestablished.
- **Mitigation Plan:** If staff determines that the violation consists of less than 20 percent of the trees and vegetation removed without permit than a mitigation plan, approved by staff, from a qualified landscaping business or service is required. If staff determines that the violation has resulted in greater than 20 percent of the trees and vegetation removed, than a plan approved by staff, must be provided from an arborist or landscape architect.
- **Written Narrative:** Description of activity.

APPLICANT'S SIGNATURE: The applicant must sign the form certifying the information is correct; and must be signed even if applicant is the owner.

OWNER'S SIGNATURE: This section must be signed by the property owner. Notarized written authorization from the property owner giving the applicant permission to act on his/her behalf can be substituted for property owner's signature.

LAKE WYLIE/CATAWBA RIVER BUFFER AND MITIGATION PERMIT APPLICATION

GENERAL INFORMATION

DATE: _____

APPLICANT'S NAME: _____

ADDRESS: _____
 NUMBER STREET APT. /BOX NUMBER

 CITY STATE ZIP CODE

PHONE: _____
 HOME WORK/CELL

EMAIL: _____

.....
PROPERTY OWNER'S NAME: _____

ADDRESS: _____
 NUMBER STREET APT. /BOX NUMBER

 CITY STATE ZIP CODE

PHONE: _____
 HOME WORK/CELL

EMAIL: _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

PROPERTY DIRECTIONS: _____

PROPERTY TAX MAP #: _____ **ZONING DISTRICT:** _____

LOT AREA (ACRES): _____ **USE OF PROPERTY:** _____

SQ. FEET: _____ **TREE SURVEY/PLAT: PLEASE ATTACH TO APPLICATION**

GENERAL INFORMATION

I (WE) HAVE MADE APPLICATION FOR THE FOLLOWING PERMITTED ACTIVITY:

1. _____ CREATION OF A VIEW CORRIDOR (PER §155.324(B)(2)(a))
2. _____ CREATION OF AN ACCESS CORRIDOR (PER §155.324(B)(2)(b))
3. _____ SHORLINE STABILAZATION PROJECT (PER §155.324(B)(2)(c))
 - A. _____ AUTHORIZATION FROM DUKE ENERGY MUST BE OBTAINED PRIOR TO COMMENCEMENT OF WORK.
4. _____ WORK TO/REMOVAL OF NON-CONFORMING STRUCTURE(S) (PER §155.324(B)(2)(d))
5. _____ USE OF VEHICULAR EQUIPMENT (PER §155.324(B)(2)(e))
6. _____ WAIVER REQUEST (PLEASE ATTACH APPROVED WAIVER REQUEST (PER §155.325))

I (WE) HAVE MADE APPLICATION FOR MITIGATION OF A VIOLATION OF THE LAKE WYLIE/CATAWBA RIVER BUFFER

1. _____ REMOVAL OF > 20 PERCENT OF THE TREES OR NATURAL VEGETATION (PER §155.331(D)(1))
2. _____ REMOVAL OF < 20 PERCENT OF THE TREES OR NATURAL VEGETATION (PER §155.331(D)(2))

DESCRIPTION OF PROPOSED ACTIVITY: _____

I CERTIFY THAT ALL INFORMATION PRESENTED BY ME IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BENEFIT:

APPLICANT

DATE

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY AND FURTHER THAT I DESIGNATE THE PERSON SIGNING AS APPLICANT TO REPRESENT ME IN THIS MATTER.

PROPERTY OWNER

DATE

****PLEASE ATTACH OWNER'S NOTARIZED WRITTEN AUTHORIZATION IF OWNER'S SIGNATURE CANNOT BE OBTAINED.****

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.

OFFICE USE ONLY

AMOUNT PAID: _____ CHECK #: _____

CASH AMOUNT: _____ RECEIPT NUMBER: _____

DATE RECEIVED: _____ DATE FILED: _____

VIOLATION: _____

ASSIGNED CODE ENFORCEMENT OFFICER: _____

ACCEPTED BY:

ZONING OFFICIAL

DATE

POST CONSTRUCTION, REVEGETATION, OR MITIGATION INSPECTION

ZONING OFFICIAL

DATE

COMMENTS: _____
