Zoning Clearance Application

Planning & Development Department
205 North 1st Street | Easley, SC 29640
(864)-855-7908| www.cityofeasley.com

Date Received:

Zoning Clearance is required for all new businesses and existing businesses that are relocating to a new location within the City or increasing the intensity of the use. The purpose of this process is to verify that proposed business activities will be in compliance with the City's Unified Development Ordinance (UDO).

Is this application the result of a **NOTICE OF VIOLATION?** ☐ Yes ☐ No

Applicant Information:

Business Applicant Name:	Phone:	Email:
Authorized Representative & Relationship:	Phone:	Email
Property Owner Name:	Phone:	Email:
Property Owner Representative & Relationship:	Phone:	Email:

Business Information:

Name of Business:	Phone:	Is this a new business in this location? ☐ YES ☐ NO
Business Address:		
Type of Business (please circle): Office Retail Restaurant Industrial/Manufacturing Personal Service Other		
Days and Hours of Operation	Number of Shifts	Total Number of Employees
Description of Proposed Business Activities		

Will the business:

1.	Be conducted within a home or apartment?	☐ No	☐ Yes	See Home Occupation information below
2.	Require conversion of residential expansion of floor area within the building?	☐ No	☐ Yes	Additional parking spaces may be required
3.	Change the intensity of use at the site? i.e.: Traffic, Noise Pollution, etc.	☐ No	☐ Yes	Site Plan will be required
4.	Require any new or modified sign?	☐ No	☐ Yes	Sign Permit is required
5.	Require any exterior changes to the building?	☐ No	☐ Yes	Site Plan and Building Permit will be required
6.	Be new to the site?	☐ No	☐ Yes	Site Plan and Building Permit will be required
7.	Conduct any aspect outdoors, including sales, storage, services, or seating?	☐ No	☐ Yes	Site Plan may be required
8.	Involve manufacturing and/or the use of hazardous materials?	☐ No	☐ Yes	Building Permit is required

Home Occupation Information:

1. Is conducted by no other person than members of the family residing on the premises;
2. Utilizes not more than twenty-five percent (25%) of the total floor area of the principal building;
3. Produces no alteration or change in the character or exterior appearance of the principal building from that of a dwelling;
4. No display or products shall be visible from the street and only articles made on the premises may be sold; except that non-durable articles (consumable products) that are incidental to a service, which service shall be the principle use in the home occupation, may be sold on the premises;
5. Creates no disturbing or offensive noise, vibration, smoke, dust, odor, heat, glare, traffic hazard, unhealthy or unsightly condition;
6. No mechanical equipment is installed or used except such as is normally used for domestic or office purposes.
7. Storage related to a customary home occupation business is permitted in an accessory building, but the use of an accessory building for a separate commercial use is not permitted.
8. In addition to other uses deemed unacceptable by the Administrator, the following uses shall not be considered home occupations:
    a. animal hospitals, kennels, or stable;
    b. dancing schools;
    c. funeral homes;
    d. medical or dental offices or clinics;
    e. hospitals;
    f. nursery schools;
    g. restaurants;
    h. tourist homes
9. Zoning permits shall be required for all home occupations and shall be submitted to City Hall before a business license is issued. Licenses can be revoked upon receipt of complaints from neighboring citizens

I certify that I have read and understand the contents of this application. The information contained in this application is complete and in all aspects true and correct, to the best of my knowledge. I agree that I will obtain all necessary permits to comply with all applicable orders, codes, conditions, and rules and regulations pertaining to the use of the subject property. I understand the regulations change and that I am responsible to contact the City to determine if any changes impact my business.

Signature of Owner or Authorized Representative: _____Date:_____

For Planning and Development Department Comment Only

Comments:

Zoning District:	FLU Category:	□ Proposed Use is permitted in the zoning district
□ Proposed Use is a conditional use or special exception in the zoning district	□ Proposed Use is not permitted in the zoning district	□ Proposed Use is legally non-conforming in the zoning district

CONDITIONAL APPROVAL OR DENIAL (circle one)	**FINAL APPROVAL**
Approved By: Date:	Approved By: Date: