



Sumter City-County Planning Commission

P.O. Box 1449, Sumter, SC 29151

(803) 774-1660



MAJOR SUBDIVISION APPLICATION

Thresholds for MAJOR SUBDIVISIONS are defined in Article 7 of the City of Sumter Zoning and Development Ordinance or Article 7 of the Sumter County Zoning and Development Standards Ordinance.

- Subdivision located in the City of Sumter (Fee: \$200.00)
- Subdivision located in unincorporated Sumter County (Fee: \$50 or \$3.00 per lot, whichever is greater)

Subdivision Name: _____

PART 1 – APPLICANT INFORMATION

Applicant Name: _____ Email: _____

Phone: _____

Applicant Address: _____

Street

City

State

ZIP

Property Owner Name: _____ Email: _____

Phone: _____

Property Owner Address: _____

Street

City

State

ZIP

PART 2 – PROPERTY INFORMATION

Tax Map Number: _____

Parcel Size(s): _____

Current Zoning: _____

Current Use: _____

Property Location: _____

Proposed Number of Lots: _____

Overlay District (if applicable)

Highway Corridor Protection District

Airfield Compatibility District (APZ, DNL, DDZ, NA)

Range Compatibility District (DNL, NA)

Design Review District (Downtown, Hampton Park, Swan Lake)

Description of Proposed Development (Include proposed name and phasing, if applicable):

Is this tract/parcel restricted by any covenant contrary to, conflicts with, or prohibits that activity described in this application?

Yes

No

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PART 3 – ADDITIONAL AGENCY COORDINATION AND PERMITTING REQUIREMENTS

Stormwater Management

Yes **No**

 Has a Stormwater Application been submitted to the appropriate Stormwater Management Permitting Agency (*City or County*)?

Please explain current status of Stormwater Permitting for this project. (*If Permits have been applied for/ issued, please include a copy with this site plan application*):

Utilities

Yes **No**

 Has availability of Gas, Electricity, Water, Telecommunications, and/or Sewer Service been confirmed for the Project?

Please Explain current Utility Status for this project:

Right-of-Way Encroachment

Yes **No**

 Has an Encroachment Permit Application been submitted to the appropriate Transportation Agency (SCDOT, City, or County)

Please explain current status of Right-of-Way Encroachment for this project (*If Permits have been applied for/ issued, please include a copy with this site plan application*):

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PART 4 – APPLICANT AND PROPERTY OWNER/AGENT CERTIFICATIONS

I hereby certify that I have read this application and the information supplied herein is true and correct to the best of my knowledge. I agree to comply with all applicable City and/or County Ordinances and State Laws related to land development.

I am the property owner, or have received the owner’s written authorization to act as his/her agent regarding this matter.

I understand that falsifying any information herein may result in nullification of this request and/or appropriate legal remedies.

Applicant Name (*printed*) _____ Signature _____ Date _____

Property Owner or Authorized Agent Name (*if different from Applicant*) _____ Signature _____ Date _____

TO QUALIFY AS A COMPLETE APPLICATION, THE FOLLOWING REQUIREMENTS APPLY:

- To be considered at the next scheduled Sumter City-County Planning Commission meeting, a complete Major Subdivision application is due twenty-two (22) days prior to the next scheduled Planned Development/Major Subdivision Review Meeting.
- Two (2) physical copies of a sketch plan or plat of the proposed subdivision must be included with the application.
- One (1) electronic copy of the sketch plan and/or plat must be emailed to planningdepartment@sumtersc.gov
- The required fee must be included via cash or check, or paid in person or via phone by credit card (make checks payable to “City of Sumter”).

OFFICE USE:

Date Fee Paid _____ Amount Paid _____

Received by _____ Planning Commission Meeting Date _____

Overlay District (*if applicable*) Highway Corridor Protection District (HCPD) Airfield Compatibility District (APZ, DNL, DDZ, NA) Range Compatibility District (DNL, NA) Design Review District (Downtown, Hampton Park, Swan Lake)

Notes:

Initial Review Completed By: _____ Date: _____

Review Comments Sent to Applicant (date) _____

Revised Plan Received from Applicant (date) _____