

Planning and Development Dept. – Permit Application Center

P.O. Box 11706, or 155 Johnston St.

Rock Hill, SC 29731-1706

Phone: 803-329-5590 Fax: 803-329-7228

www.cityofrockhill.com



ZONING AND BUILDING CODE COMPLIANCE VERIFICATION REQUEST

\$25 per parcel

When should I use this form?

Use this form if you need to verify what a property is zoned, whether the property has any zoning or building code violations, and other similar information. We will provide a letter, commonly referred to as a “zoning verification letter” in response to your request for this information.

If you need copies of records in addition to the zoning verification letter (certificates of occupancy, permits, plans, etc.), please use our Freedom of Information Act process instead of this form. For more information about that process, please visit <http://www.cityofrockhill.com/index.aspx?page=661> or contact Janice Miller at (803) 817-5129 or janice.miller@cityofrockhill.com.

What is the cost?

\$25 per parcel. You may pay by check (made payable to the City of Rock Hill) or by Visa or Mastercard.

How can I submit this request?

- Send the form by e-mail to Janice Miller at janice.miller@cityofrockhill.com and arrange payment by phone.
- Mail the form and payment to the Planning and Development Department at the address listed above, attention “Zoning Division.”
- Submit the form and payment in person at the Planning and Development Department offices at City Hall (155 Johnston Street).

What happens after I submit this request?

- We will strive to respond to your request within three business days. We will send the letter via your preferred method of receipt listed below.

I would like to verify compliance with the following (check both if both apply): ☐ Zoning ☐ Building

Applicant

Name: _____ Phone: _____

Mailing Address: _____ E-mail: _____

Additional Information Needed:

How would you like the information? (check all that apply): ☐ By e-mail ☐ By mail ☐ Pick up in person

Property (list all parcels for which you need information)

Address: _____ Parcel # (tax map #): _____

Owner (if known): _____

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Owner (if known): _____

Applicant Signature: _____ Date: _____