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NEW BUSINESS ZONING VERIFICATION FORM

Disclaimer: This form is only for zoning verification of proposed use. Any subsequent site plan or permit approvals are the responsibility of the applicant.

Business Name: _____

Address: _____

TMS Number: _____

Phone Number: _____ Email: _____

Hours of Operation: M – F _____ Saturday _____ Sunday _____

Detailed Description of Business: _____

Signature and Title of Person Completing Form

Date

Signature of Zoning Administrator or Designee

Date