



**CITY OF NORTH MYRTLE BEACH
SITE SPECIFIC DEVELOPMENT PLAN APPLICATION**

(Please Print or Type)

Revision Date 02.24.17

Today's Date:	Project/Business Name:		
Project Location:	Project Description:		
Tax Map #/PIN:	Zoning District:		
Existing Use of Property:	Proposed Use of Property:		
Are property lines changing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any demolition? <input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICANT/AUTHORIZED AGENT INFORMATION

Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Contact Number: ()
Address, City, State, ZIP:		E-mail Address:

DEVELOPER INFORMATION (If Not Applicant)

Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Contact Number: ()
Address, City, State, ZIP:		E-mail Address:

STATISTICAL SUMMARY (Fill in Applicable Information)

Total Area of Site: <input type="checkbox"/> Square Feet or <input type="checkbox"/> Acres	Number of Seats:
PARKING INFORMATION	
Total Square Footage of Building(s)/Addition(s):	A. Total Parking Area:
Number of Buildings:	B. Number of Proposed Parking Spaces:
Number of Building/Dwelling Units:	C. Number of Required Parking Spaces:
Height of Proposed Building (ft):	D. Number of Accessible Spaces:
Number of Stories:	E. Total Interior Landscaped Area:
Number of Bedrooms and/or Sleeping Areas:	Proposed Impervious Area:
Number of Employees:	

SIGNATURE OF OWNER(S) OR AUTHORIZED AGENT(S)

Have you reviewed and signed the Site Specific Development Plan Review Process policy brochure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<hr style="border: none; border-top: 1px solid black;"/> <i>Signature of Property Owner or Authorized Agent</i>	<hr style="border: none; border-top: 1px solid black;"/> <i>Date</i>