



Exempt Plat Application

Planning and Zoning Department
1003 Highway 52, Moncks Corner, Sc 29461

In accordance with Section 59-33 of Chapter 59 of Berkeley County Code of Ordinance: **Land Development and Subdivision Regulations of Berkeley County, South Carolina**, this plat will be exempt from the **Preliminary Review Process** and will be submitted directly for Final Plat Review. The plat will be reviewed for compliance with section 59-35, which states that exempt plats must meet the other requirements within Chapter 59. **The following information and applicable signatures will be required to complete the review.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

APPLICANT INFORMATION

PRINTED Name of Applicant: _____ Relation to Property Owner (Check One):
 I am the Owner I am the Authorized Agent
Phone #: _____ Email Address: _____
Mailing Address: _____

SURVEYOR'S CONTACT INFORMATION (IF NOT STATED ABOVE)

Phone #: _____ Email Address: _____

PROPERTY AND SUBMITTAL INFORMATION

TMS#: _____ Zoning: _____
Water Service Provider: _____ Sanitary Sewer Provider: _____

PER SECTION 59-35, PLEASE SELECT ONE OF THE FOLLOWING FOR EXEMPTION:

- Boundary Survey Lot Line Adjustment Lot Combination Easement Plat
 Land Subdivision (**Please Circle Subdivision Type Below**)
A. One New Lot (With road access & DHEC approval) C. Judicial Order or Tax Sale Subdivision
B. Lots Greater Than FIVE Acres (no new roads) D. Reflect a Previous Subdivision by Deed (Prior to 04/26/1999)

LAND SUBDIVISION CHARACTERISTICS (ONLY APPLICABLE IF SUBDIVIDING)

Total Acreage Prior to Subdivision: _____ Number of **NEW** Lots Created: _____ Acreage of **NEW** Parcel(s) Created: _____

IS THIS A REVISION TO A PREVIOUSLY-REVIEWED PLAT?

NO, THIS IS A NEW SUBMITTAL YES – PLEASE PROVIDE 10-DIGIT PLEX #: _____

BRIEFLY DESCRIBE THE INTENT OF THIS APPLICATION (NEW SUBMITTALS ONLY):

[See reverse side]

Additional Information

SECTION I:

Existing Tract Prior To 1999

I, the applicant, hereby certify that the attached plat surveyed by _____ and dated _____ is a parcel of land identical to the lot of record which was created but unrecorded prior to the adoption of the Berkeley County Subdivision Regulations on April 26, 1999 and has not been changed in size or shape since the date mentioned above. The unrecorded plat has been provided to Berkeley County to verify the property description as stated within the deed for the land.

Name: _____

Signature: _____ Date _____

SECTION II:

Previously-Approved Subdivision

I, the applicant, hereby certify that the attached plat is of a parcel of land identical to the plat which was approved by the Berkeley County previously and has not changed in size or shape in any way since the plat was approved by the Berkeley County (not including surveying errors or right of way acquisitions).

Most Recent Plat Recorded in Plat Cabinet/Book _____ Page _____

Name: _____

Signature: _____ Date _____

Acknowledgments:

I, the applicant, hereby acknowledge by my signature that this application is complete and accurate, **and I am the owner of the subject property or the authorized representative of the owner.** I authorize the subject property to be posted and/or inspected. I further acknowledge that **all fees are non-refundable; upon formal stamped approval of this plat, it is my responsibility to record it at the Berkeley County Register of Deeds (ROD) within 2 years, otherwise, the approval will no longer be valid (vested); and should my plat submittal become inactive for a period of 12 months from the date of the last correspondence issued by this Department, it will be discarded, and I will be required to submit a new application and fee for review.**

I also hereby certify that the tract(s) or parcel(s) of land to which this approval request pertains *is not restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity for which approval is sought*, as provided in the South Carolina Code of Laws, Section 6-29-1145, and are exempt per Section 59.35 of the Berkeley County Code of Ordinances.

Signature: _____ Date: _____

STAFF USE ONLY

Review Fee (Initial Submittal Only): \$ _____	<input type="checkbox"/> Cash
	<input type="checkbox"/> Check (Number: _____)
PLANNER:	Submittal Date:
PLEX #	Approval Date:
Approved Plat Printed Name:	Signature:
Picked Up By:	
Approved Plat Distributer:	