



PLANNING AND ZONING DEPARTMENT

Alison Simmons, AICP, Director
 P.O. Box 6122
 1003 Highway 52
 Moncks Corner, SC 29461
 843.719.4095

ZONING VERIFICATION LETTER (ZVL) REQUEST

YOUR REQUEST WILL BE PROCESSED AS SOON AS PRACTICAL, NORMALLY WITHIN SEVEN BUSINESS DAYS. REQUESTS WILL NOT BE PROCESSED UNTIL THE REQUIRED \$25.00 FEE (PER PARCEL – CAPPED AT \$150) IS RECEIVED. To avoid delays, ensure that your fee is included along with this form. Overnight courier requests will only be honored when prepaid postage envelopes are included with your request.

Cash payments are accepted at the address above (do not mail cash). Checks are also accepted, payable to Berkeley County, by mail or in person. Payment may also be submitted online at the link available [here](#) using the 10-digit Plan Case (PLZVL) assigned to the submittal and under the email address listed on this Application. This request form is intended for confirmation of a property's zoning district. Should you have further questions concerning building permits, code violations, non-conforming uses or otherwise, please contact the appropriate staff for inquiries.

NAME (OF PERSON REQUESTING VERIFICATION):		PHONE NUMBER:	
EMAIL ADDRESS (A VALID EMAIL ADDRESS IS REQUIRED. PLEASE WRITE LEGIBLY):			
MAILING ADDRESS:			
PREFERRED MEANS TO RECEIVE ZVL:			
<input type="checkbox"/> EMAIL LETTERS WILL BE RETURNED VIA THE EMAIL ADDRESS PROVIDED UNLESS REQUESTED OTHERWISE. <input type="checkbox"/> POSTAL MAIL IF YOU WISH FOR YOUR LETTER TO BE RETURNED BY POSTAL MAIL OR PREPAID OVERNIGHT COURIER, PROVIDE A SELF-ADDRESSED, POSTAGE-PAID ENVELOPE.			
PROPERTY ADDRESS (PHYSICAL LOCATION OF PARCEL SUBJECT TO REQUEST. IF THE PARCEL HAS NO ASSIGNED ADDRESS, CONTACT GIS/ADDRESSING TO OBTAIN ONE.):			
PROPERTY TAX MAP/ TMS NUMBER(S) (USE ADDITIONAL SHEETS IF NEEDED):		NUMBER OF PARCELS SUBJECT TO REQUEST:	
REASON FOR REQUEST (E.G., DAY CARE, SELLING PARCEL, ETC.)			
<input type="checkbox"/> PAYMENT ENCLOSED		PAYMENT TYPE: <input type="checkbox"/> CASH AT COUNTER <input type="checkbox"/> <input type="checkbox"/> CHECK (NUMBER _____) <input type="checkbox"/> ONLINE FEE PAYMENT	

For staff use only:

Payment Received Date: _____ Amount: _____
 Payment Method: Check # _____; Cash; Online Payment

Last Updated
1.5.21