



FOR OFFICE USE ONLY	
File Number:	SP- -
Submittal Date:	
Zoning Administrator:	

Revision Date 01.10.17

CITY OF NORTH MYRTLE BEACH SHARED PARKING APPLICATION FORM

Today's Date: _____ (Please Print or Type)

APPLICANT INFORMATION

Last Name:		First:	Middle:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Miss	<input type="checkbox"/> Property Owner	<input type="checkbox"/> Authorized Agent
				<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Contract Purchaser	<input type="checkbox"/> Other: _____
Street Address:						Telephone Number(s):	Facsimile:
						()	()
Post Office Box:	City:	State:	ZIP:	E-mail Address:			

SUBJECT PROPERTY INFORMATION

Provide below the exact street address (name, number) and plat map reference for which you propose shared parking.
PLEASE ATTACH A COPY OF THE DEED AND RECENT SURVEY OR PLAT DELINEATING THE SUBJECT PROPERTY

Street Address:	Beach Section:	Plat Reference:		Tax Map Number(s):
Name:	<input type="checkbox"/> NA	Subdivision:	Block:	
Number(s):		Lot #(s):	Section:	

Total Area of Subject Property: _____ (check one) <input type="checkbox"/> Square Feet or <input type="checkbox"/> Acres	Current Zoning Classification:
Square footages and descriptions of uses for all individual uses located or proposed on the subject property (Attach additional sheets if necessary):	Number of parking stalls normally required as per Article IV, Off-Street Parking and Loading:

CERTIFICATION & SIGNATURE OF PETITIONER(S) OR AUTHORIZED AGENT(S)

Does the individual own all of the property proposed for shared parking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO TO EITHER QUESTION, PERMIT CANNOT BE PROCESSED.
Has the individual submitted a shared parking plan (refer to Article IV, Off-Street Parking and Loading, Section 23-44)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature _____
Date