



REQUEST FOR LOT RECOMBINATION APPLICATION

Community & Economic Development Department
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7011 / f. (843) 986-5606
www.cityofbeaufort.org

Application Fee: \$50

Receipt # _____

OFFICE USE ONLY: Date Filed: _____ Application #: _____ Zoning District: _____

Approved by: _____ Approval Date: _____

Submittal Requirements: In addition to a complete application form, please provide

1. A legal survey to scale of the property.
2. Other information that might justify the request.
3. Letter of approval from property owner's association (if any).

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? Yes No

Applicant, Owner and Property Information

PROPERTY IDENTIFICATION NO.:

(i.e.: District, Map & Parcel No.) _____

Property Address: _____

Applicant Name: _____

Applicant Address: _____

Applicant E-mail: _____ Applicant Phone Number: _____

Property Owner Name: _____

Please recombine lots are shown on the attached plat.

Applicant's Signature: _____ Date: _____

Property Owner's Signature _____ Date: _____

Sign only if different than applicant.