



City of Inman

Planning Department

20 S. Main Street, Inman, SC 29349

Office: 864.472.6200 ext 115 Email: jfrady@cityofinman.org
www.cityofinman.org/planning+zoning.php

Personal Utility Building Affidavit

Parcel Number: _____ # of Existing Accessory Structures: _____ Date: _____

Property Owner(s): _____

Property Address: _____

Email: _____ Phone: _____

Please provide the size of the building _____ and a **detailed description** of the specific use:

I/We understand the following regarding the proposed building:

- A. It will be used **solely for my/our personal, noncommercial use** and that the structure will meet all applicable building code requirements. **Initial:** _____
- B. It will **NOT** be used as a dwelling unit/living space. **Initial:** _____
- C. Accessory Setbacks are: Road Right of Way (if applicable) _____ Side: _____ Rear: _____
Initial: _____
- D. Accessory structures shall be located to the rear of the main structure. **Initial:** _____
- E. If, in the future, the building will be used for any type of activity other than for my/our personal, non-commercial use and non-residential use, I understand that a formal review of the proposed activity by the City of Inman Planning Department will be required prior to such use, and that the new activity/structure must be approved and/or properly permitted by all pertinent local, state and federal agencies prior to use. **Initial:** _____

Is the tract or parcel of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the proposed activity? Yes No

Property Owner(s) Name (Print)

Property Owner(s) Signature

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 APPROVED DENIED _____ DATE: _____

Planning Director/Staff Signature: _____