

PLANNING & ZONING DEPARTMENT 1301
2nd Avenue Room 1 D 09 Conway, SC
29526

Phone: (843) 915-5340
Fax: (843) 915-6341



Notarized Authorization Letter

****If business owner owns the property from which they operate the home occupation a notarized letter is not required****

Date: _____

This is to certify that _____ occupies the residence located at
(Business Owner)

_____ identified by PIN# _____. As
(Address)

property owner(s) I/we hereby give permission to allow the following home occupation to be conducted from this residence: _____.
(Name of Business)

(Property Owner Signature)

(Property Owner Signature)

(Print Name)

(Print Name)

If this is completed by a property management company please provide the following information:

(Title of person(s) signing)

(Name of Property Management Company)

(Address)

(Phone Number)

Sworn to (or affirmed) and subscribed before me this the _____ day of _____, 20_____.

Official Signature of Notary

_____, Notary Public
Notary's printed or typed name

My commission expires: _____