REQUEST FOR DESIGN STANDARD REVIEW

Purpose:
This form is used to request approval for new residential construction taking place in York County that is served by City of Rock Hill Utilities. Certain York County subdivisions (outside the incorporated city limits of Rock Hill) are subject to architectural design review as part of the permitting process due to the properties being served by city utilities (water, sewer and electric). Your design standard review must be approved before you can pay your impact fees. The impact fee receipt is required by York County before they can issue your building permit.

Please complete the following information:

Construction address: ____________________________________________________________

Subdivision Name: __________________________________________ Lot #: ____________

I am requesting approval of Model Name: __________________________________________

Elevation/ Type: ______________________ for architectural design approval and payment of development fees (tap & impact).

Company/Contractor Name: _____________________________________________________

Applicant Name: _______________________________________________________________

Mailing Address: __________________________________________________________________

Phone: ___________________ Fax: ___________________ Email: _______________________

Checklist:

Please provide the following information with your request:

☐ Elevation drawings of home
☐ Floor plan
☐ Site plan showing location of home on lot

Submit this completed form by email, fax or mail along with your elevations, floor plan and site plan to:
City of Rock Hill
Planning & Development
(803) 329-5590
Kassey.Evans@cityofrockhill.com

Your request will be reviewed and you will receive an email when the review is complete. Plan review may take up to 3 business days.

FOR OFFICE USE ONLY: If incomplete, returned: _______________________
Action: [ ] Rejected [ ] Approved
__________________________________________________________________________

Approved By: _____________________________ Date: ___________________