

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



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

Notarized Authorization Letter

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: _____.
(Type of Business)

(Property Owner Signature)

(Property Owner Signature)

(Print Name)

(Print Name)

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: _____