



Application Architectural Review Board

Section 12.6 and 6.9 McClellanville Zoning and Land Dev. Ordinance

Town Code 2.604- authorizes any Officer or Town employee to enter any premises to carry out Town duties.

Date Filed 9-3-25

Fee Paid \$50.00

PROPERTY ADDRESS:

316 Dupre Rd.

TMS# _____

Date 9-3-25

Fee - Paid: ☒

1. Applicant's Name Troy + Ashley Weeks
Mailing Address 2619 Alanby Ln Charlotte NC 28270
Telephone: (704) 641-8316 Email amweeks1221@gmail.com

2. Zoning _____

4. Detailed Description of Proposed Activity (Please specify, where applicable, the proposed type of roofing, siding, windows, doors, and foundation to be used. For a fence or sign, specify the sign or fence materials):

Revisions submitted via email.

5. Please include a simple drawing of the property, showing the location of the change or addition on the property, the scale of the proposed change, and the relative location of neighbors.

6. Owner or representative (please specify) Troy Weeks

Telephone (704) 905-5761 Email tweeks@lasmc.com

Address 2619 Alanby Ln Charlotte NC 28270

Date _____ Signature of Applicant [Signature]

☐ ARB ☐ DRB ☐ Admin



Zoning Permit Application

Sections 10.5.2 and 12.6 of McClellanville Zoning and Land Development Ordinance
PLEASE NOTE: Town Code 2.604 authorizes any Officer or Town employee to enter any premises to carry out Town duties.

405 Pinckney Street
McClellanville, SC 29458
(843) 887-3712

Date Filed: _____ Fee Paid: _____
Property Address: 316 Dupre Rd.
TMS #: 764 - 15 - 00 - 013

Applicant is: Owner(s) ☒ OR (Owner is not applicant) Designation of Agent ☐

Applicant name(s) (Print): Troy and Ashley Meeks

Contractor(s) name _____ McClellanville Business License # _____

Name/Address of Owner(s): (Print)

Troy and Ashley Meeks
2619 Alanby Ln
Charlotte NC 28270

Name/Address of Designation of Agent/Contractor:

Email: ameeks1221@gmail.com

Email: _____

Phone: 704.641.8316

Phone: _____

Certification of Covenants/Restrictions: I (we) hereby certify that to my (our) knowledge, the tract or parcel of land subject to this application ☐ IS OR ☐ IS NOT restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity for which this permit is sought.

The undersigned further confirm that all information on this application is known to be true and correct. I understand that granting of a permit does not presume to give authority to violate or cancel the provisions of any local, state or federal laws regulations. I certify that all work will be done in compliance with all applicable codes, statues and ordinances, and with the conditions of this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on the town, state or county. I expressly grant the zoning administrator, or the zoning administrator's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.

Date: 9.10.25 Owner [Signature] Owner [Signature]
Owner (print) Ashley Meeks Owner (print) Troy Meeks

Designation of Agent (complete only if owner is not applicant):

I (we) hereby appoint the person named as Applicant to represent my(our) interest in this request for a zoning permit.

Date: _____ Owner: _____ Owner: _____
Owner (print) _____ Owner (print) _____

Property Address: 316 Dupre Rd. TMS #: 74-15-00-013

Applicant Name(s)(Print): Troy and Ashley Meeks

Describe the scope of work proposed for the property:

Revisions submitted via email

Proposed Lot Coverage: _____

Proposed Use: residential

Set Backs (in feet) – Front: 15 Left: 15 Right: 15 Rear: 15

Residential Floor Area (heated sq feet): 1641 Porches/Other Area: 538

Building Height: (feet above design flood elevation: 1-2 ft. above BFE

Zoning Administrator Review:

☐ Approved

☐ Approved with conditions

☐ Disapproved

Date: _____

Zoning Administrator