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Town Hall
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James Island, SC 29412
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Exemption Application Request: Single Use Plastic Regulations (§ 112.01)

	ess Information: ess Name:	Address:	Address :		
	ant Contact Information:	Addi 033 •			
Applicant Name:		_ Phone:		Email:	
Mailing	Address:				
low lo	ng are you requesting this exemption for?	(Exemptions are limi	ted to one year or	r less.)	
Please	select the exemption requested:				
	Undue Hardship or Practical Difficulty (includes excess inventory) not generally applicable to other persons in similar circumstances (up to one year, applies to entire section 112.01)		Public Health a Necessity to us to foam produc	and Safety Requirement or Medical se the product (up to one year, applies cts only)	
f Undu Please (e Hardship, which regulations does this ap choose all that apply (and that you have fa	oplication for an Un acts to support)	due Hardship (or Practical Difficulty apply to?	
	Providing single-use plastic carryout bags				
	☐ Providing disposable food service ware made of polystyrene/foam				
	☐ Providing disposable food service ware that is non-recyclable or non-compostable				
	Selling or renting polystyrene foam products				
Please o	describe in detail the basis of your request, inc	clude and explain fac	tual support for	the claimed exemption:	
	nont calmoula de mant				
• •	cant acknowledgement*				
I here subject to ap needs condit	e with the below statement: by acknowledge that this application is accurated establishment. I understand that additional in proval, and will submit appropriate documentals to be verified by Town staff prior to receiving tions), and until an approval is received I will cover § 112.01 Environmentally Acceptable Package	nformation may be re tion as requested by approval of this appli intinue to abide by th	equested during Town staff. I und cation (in whole	the review process prior derstand this request e or in part, with or without	
	Signature			 Date	