



**CERTIFICATE OF OCCUPANCY  
APPLICATION**

Date \_\_\_\_\_

Name of Business \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Square Footage of space \_\_\_\_\_

Property Address \_\_\_\_\_

<u>Business Owner Information</u>
Name _____
Address _____
_____
Contact Number _____
Email _____

<u>Property Owner Information</u>
Name _____
Address _____
_____
Contact Number _____
Email _____

Permit for Proposed Work *(Check the scope of work that best describes the activities):*

- New Business  Change of Address (Relocating within the city limits)  
 Owner Change

**Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described? YES \_\_\_\_\_ NO \_\_\_\_\_**

Expected Opening Date _____
For Inspections Contact _____ Number _____
Email _____

Please provide two (2) local contacts and phone numbers in the event of an emergency after hours:

- 1) Name: \_\_\_\_\_ Cell/Phone# \_\_\_\_\_  
Key Holder            Y \_\_\_\_\_ N \_\_\_\_\_
- 2) Name: \_\_\_\_\_ Cell/Phone# \_\_\_\_\_  
Key Holder            Y \_\_\_\_\_ N \_\_\_\_\_

*(SEE REVERSE)*

**PLEASE NOTE:**

Buildings or spaces within buildings are not allowed to be occupied without a current Certificate of Occupancy issued in the name of the tenant occupying that building or space. In some cases, a Temporary Certificate of Occupancy may be issued for a fixed period of time to allow for minor repairs. All life safety requirements are required to be in compliance before a building or space may be occupied.

This is your APPLICATION (not your permit to occupy) and it must be approved by all departments in order to occupy your space. If you are planning renovations, you must inform the Building Inspections Department and possibly arrange permits.

NOTE: A re-inspection of \$50.00 will be charged for additional trips made due to the building not being open for inspection or as a result of required work not being completed within the time frame.

Applicant Signature \_\_\_\_\_

**OFFICE USE ONLY**

Permit Number \_\_\_\_\_

Type of Occupancy \_\_\_\_\_

Type of Construction \_\_\_\_\_

Occupant Load \_\_\_\_\_

Automatic Sprinkler Required  Yes  No

Automatic Sprinkler  Yes  No

Special Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Inspector \_\_\_\_\_