

**SAFETY / OCCUPANCY
PERMIT APPLICATION**

Summerton

10 Main St

Ph: 803-485-2525 Fax: 803-485-2914



PERMIT NUMBER: _____

DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

APPLICANT'S NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

For Official Use ONLY:

Date: _____

Approved By: _____

Change of use: Yes No

Zoning: _____

TMP: _____

Describe (in detail) the proposed business to be conducted at the above address:

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 IN THIS APPLICATION? ____ YES ____ NO

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Who was the previous occupant? (required)
2. Square Footage of space? (required):
3. Are you moving from a location within the Town Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where are you moving from?
4. Are you planning to do any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you require signage? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is Building Sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT SIGNATURE _____

FOR OFFICIAL USE ONLY:

COMMENTS: _____

Ready for Preliminary Inspection: Yes No **When?** _____