

## Zoning and Building Code Compliance Form for Non-Residential Properties

A Certificate of Zoning and Building Compliance is required for any development activity requiring a building permit or causing a change of use or accessory use. An inspection fee (\$50) may be charged if inspections are needed. **Note: This form does not verify ownership of a business or property. This form only verifies zoning and building code compliance for a business type.**

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

Proposed Tenant/ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person for Building Inspections: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of business/ how space will be used: \_\_\_\_\_

Previous Business or Use: \_\_\_\_\_ If vacant, how long has space been vacant? \_\_\_\_\_

Are you making changes to building? List here: \_\_\_\_\_

Date your business will open: \_\_\_\_\_

Square Footage of your space: \_\_\_\_\_ Total Sq. Ft. of Building: \_\_\_\_\_

Business to sell or serve alcohol?  Yes  No Hours of Operation: \_\_\_\_\_

No. of Restrooms: \_\_\_\_\_ Are they handicap accessible?  Yes  No

Total No. of Parking Spaces: \_\_\_\_\_ How many spaces are handicap accessible? \_\_\_\_\_

Will you wash vehicles at this location?  Yes\*  No \* If Yes, a [NPDES General Permit for Vehicle Wash Water Discharges](#) is required by SCDHEC. You must present the permit to the Business License office before you can obtain your business license.

Certifications: The applicant certifies information on this application is true and correct. If any information is false or misleading, the zoning permit shall be considered void. **Applicant also attests that there are no recorded deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested.** This permit shall expire six (6) months from approval date if a building permit is not obtained or no activity occurs.

**Signature of Applicant:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_

### For Office Use Only

Date Filed: \_\_\_\_\_ Fee Due:  \$50 Fee Paid/Receipt # \_\_\_\_\_

Site Inspections Required for:	Date of Inspection	Approved	Failed	Comments
<input type="checkbox"/> Zoning		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Building		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Fire		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Industrial Pre-treatment		<input type="checkbox"/>	<input type="checkbox"/>	

\* Inspection request must include zoning use category and building occupancy class for proposed business.

**Zoning** **Action:**  Approved  Not Approved  Conditional Approval/Exemption

District: \_\_\_\_\_ \*Use Category: \_\_\_\_\_ Proposed Use is:  Permitted  Special Excep.  Prohibited

Principal Use  Accessory Use  Conditional Use  Same  Changed from: \_\_\_\_\_

Notes: \_\_\_\_\_

**Building** **Action:**  Approved  Not Approved  Conditional Approval/Exemption

\*Current Building Occupancy Class is: \_\_\_\_\_

Principal Use  Accessory Use  Conditional Use  Same  Changed from: \_\_\_\_\_

Notes: \_\_\_\_\_

Comments/ Conditions: \_\_\_\_\_

Forms/Docs Attached: \_\_\_\_\_

**Planning & Development Director/Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_