

Building Division
(843) 545-3116 (phone)
(843) 545-3296 (fax)



Zoning Division
(843) 545-3128 (phone)
(843) 545-3602 (phone)
(843) 545-3299 (fax)

Georgetown County Planning and Development
Building & Zoning Divisions
129 Screven Street
P. O. Drawer 421270
Georgetown, SC 29442

**APPLICATION FOR AN EXISTING BUILDING CERTIFICATE OF OCCUPANCY
CHANGE OF TENANT PERMIT**

DATE: _____ PERMIT # _____ TMS # _____

1. A commercial account approval form or receipt from the Georgetown County Water & Sewer District must be submitted.
2. The application must be approved by the Zoning Department.
3. There will be a \$25.00 charge for inspection of the building which must be paid prior to inspection.
4. Call for inspections by the Fire Department and the Building Department.
5. After the Zoning Department, Fire Department and Building Department have given their approvals, a Certificate of Occupancy will be issued. The Electric Company requires a Certificate of Occupancy before electrical service can be transferred or provided to the business.

****If ANY CONSTRUCTION is being done in the building, a separate building permit application is required from the Building Department.**

****If you make ANY CHANGES TO ANY EXISTING SIGNAGE OR PLAN TO INSTALL ANY NEW SIGNAGE, a separate sign permit application is required from the Zoning Department.**

****If the proposed new business location is located within the WNCCO (WACCAMAW NECK COMMERCIAL CORRIDOR OVERLAY ZONE), ANY CHANGES that you make to the exterior of the building OR ANY NEW SIGNAGE shall require a separate ARB application from the Zoning Department.**

BUSINESS OWNER INFORMATION:

NAME OF BUSINESS: _____

BUSINESS OWNER'S NAME: _____

PHONE #: _____ CELL #: _____ FAX #: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PROPERTY OWNER INFORMATION:

PROPERTY OWNER'S NAME: _____

PROPERTY OWNER'S ADDRESS: _____

PHONE #: _____ CELL #: _____ FAX #: _____

E-MAIL ADDRESS: _____

MANAGEMENT COMPANY INFORMATION (if applicable):

MANAGEMENT COMPANY NAME: _____

CONTACT PERSON: _____

MANAGEMENT COMPANY'S ADDRESS: _____

PHONE #: _____ CELL #: _____ FAX #: _____

E-MAIL ADDRESS: _____

****TO BE COMPLETED BY PROPERTY OWNER OR MANAGEMENT COMPANY****

BUSINESS LOCATION INFORMATION:

LOCATION OF BUSINESS: _____

PROPOSED USE OF BUSINESS: _____

PREVIOUS USE OF BUILDING/UNIT: _____

DATE THE BUILDING/UNIT WAS LAST OCCUPIED: _____

TOTAL BUILDING/UNIT SQ FT: _____ AMOUNT OF UNITS IN BUILDING: _____

TOTAL PARKING SPACES: _____

****COMPLETE THE CHART IF THE BUILDING CONTAINS MULTIPLE UNITS ****

UNIT #	SQ FT	USE

FOR OFFICE USE ONLY:

ZONING DISTRICT: _____ REQUIRED PARKING SPACES: _____

PERMITTED USE: YES _____ NO _____

ZONING DEPARTMENT APPROVAL: _____
Signature Date

FIRE DEPARTMENT APPROVAL: _____
Signature Date

*****Please allow a minimum of 3 business days for review.*****

I hereby certify that I have read and understand the above. All information provided on this application is correct and true.

APPLICANT SIGNATURE DATE: _____

****REQUIRED****

PROPERTY OWNER OR MANAGEMENT CO SIGNATURE DATE: _____