



**Georgetown County  
Planning and Development  
Zoning Division**

129 Screven Street  
Georgetown, SC 29440

Phone: (843) 545-3117  
Fax: (843) 545-3296

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**APPLICATION FOR A PROPERTY OWNER TO OBTAIN ELECTRICAL SERVICE IN  
AN EXISTING BUILDING WITHOUT OCCUPYING OR RENTING IT  
ELECTRICAL POWER ONLY PERMIT**

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**\*\*THIS PERMIT MAY ONLY BE OBTAINED BY THE PROPERTY OWNER IN ORDER FOR THEM TO RESTORE ELECTRICAL SERVICE IN THEIR NAME FOR THE PURPOSES OF CLEANING/RENOVATING/SHOWING TO POSSIBLE TENANTS. IN THE EVENT THAT A NEW TENANT IS FOUND A CHANGE OF TENANT PERMIT SHALL BE APPLIED FOR BY THE TENANT BEFORE THEY MAY OCCUPY THE BUILDING.**

**\*\*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 THE EXISTING SIGN OR PLAN TO INSTALL A NEW SIGN, A SEPARATE SIGN PERMIT APPLICATION IS REQUIRED FROM THE ZONING DEPARTMENT.**

**\*\*IF THE PROPOSED NEW BUSINESS LOCATION IS 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 PLANNING DEPARTMENT.**

**DATE OF APPLICATION:** \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

**PROPERTY OWNER'S ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**BUSINESS LOCATION INFORMATION:**

TMS#: \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

IS THIS APPLICATION FOR AN NEW TENANT? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THIS APPLICATION FOR THE PROPERTY OWNER? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ARE THE PROPERTY OWNER, ARE YOU REQUESTING POWER ONLY FOR PUROSES OF CLEANING OR RENOVATING? (Please obtain a separate building permit if any renovations will be taking place.)

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU ARE THE PROPERTY OWNER REQUESTING POWER ONLY, PLEASE READ AND SIGN THE STATEMENT BELOW:

I \_\_\_\_\_, THE OWNER OF RECORD FOR  
(Print Owner Name)

\_\_\_\_\_  
(Property Address)

BEING DESCRIBED FURTHER AS TMS# \_\_\_\_\_,  
(Tax Map Number)

AM ONLY REQUESTING TO HAVE THE ELECTRICTY TURNED ON AT THE ABOVE DESCRIBED PROPERTY FOR PURPOSES OF CLEANING/RENOVATION. IN THE EVENT THAT A TENANT WOULD LIKE TO OCCUPY THE ABOVE DESCRIBED PROPERTY I KNOW THAT A NEW CHANGE OF TENANT PERMIT SHALL BE OBTAINED BY THEM.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Print Owner Name

\_\_\_\_\_  
Owner Signature

ZONING DEPARTMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\*USE OR OCCUPANCY OF A BUILDING BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED IS UNLAWFUL AND SUBJECT TO LEGAL ACTION BY GEORGETOWN COUNTY.\*\*\***

FEE: \$25.00 TO BE SUBMITTED WITH APPLICATION.