

DO NOT PHOTOCOPY ABOVE THIS LINE

	<p>The City of Charleston 75 Calhoun Street, Third Floor, Room 3501 MAILING ADDRESS: PO Box 22009, Charleston, SC 29413-2009 BUSINESS APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE AND CERTIFICATE OF OCCUPANCY</p> <p>To Be Completed by Applicant</p> <p><i>PLEASE TYPE OR PRINT—ALL INFORMATION BELOW MUST BE PROVIDED FOR THIS APPLICATION TO BE ACCEPTED</i></p>	<p>_____ New Business</p> <p>_____ Address Change</p> <p>_____ Change Hours</p> <p>_____ Change Ownership</p> <p>_____ Name Change</p> <p>_____ Other</p>
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NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

AGENT FOR SERVICE: _____

AGENT'S MAILING ADDRESS: _____

TAX MAP NUMBER: _____

BUSINESS USE/TYPE: _____

SOLE PROPRIETOR: _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

OWNER OF BUSINESS: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: _____

OWNER'S EMAIL ADDRESS: _____

IF THE BUSINESS IS AN LLC, PLEASE LIST NAME AND CONTACT INFORMATION FOR THE OFFICERS OF THE LLC:

IS THIS A MINORITY OR WOMAN OWNED BUSINESS? YES _____ NO _____ MBE _____ WBE _____

HOURS OF OPERATION: _____ NO. OF EMPLOYEES: _____

NO. OF SQ. FT. OF BUILDING FOR BUSINESS: _____ NO. OF PARKING SPACES: _____

NO. OF BUILDINGS USED FOR BUSINESS: _____ NO. OF TRUCKS: _____

NO. OF OFF-STREET LOADING & UNLOADING SPACES: _____

OWNER OF BUILDING: _____

PREVIOUS USE OF SPACE: _____ CLOSING DATE: _____

I (we) hereby make application for a zoning compliance certificate for the property to be used as indicated above. I have read and examined this application and know the same to be true and correct. I (we) attest that I am (we are) in compliance with all City of Charleston ordinances relating to building, electrical, plumbing, fire, and zoning codes. I (we) understand and agree that all provisions of the City Code and ordinances governing this business shall be complied with in order for the Zoning Compliance Certificate to remain valid once issued. I (we) further understand that this certificate is subject to cancellation if any misrepresentations have been made or if any changes are made which violate any City of Charleston Ordinance. I (we) understand that all signs must be approved by zoning and permitted before installed.

DATE: _____ SIGNATURE: _____

TELEPHONE: _____ PRINT NAME: _____

OWNER () AGENT ()

FOR CITY USE ONLY

CERTIFICATE OF ZONING COMPLIANCE

The use of the buildings and/or land as shown above conforms to the requirements of the Zoning Ordinance of the City of Charleston **and is**

APPROVED **DENIED** **APPROVED subject to the following conditions, restrictions and limitations:** _____

Zone District	PPU Code #	Hours Approved (Y or N)	Date	Zoning Official
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IS THIS BUSINESS LOCATED IN A DESIGNATED DEVELOPMENT AREA? YES? _____ NO? _____

FIRE INSPECTOR:	DATE	APPROVE ()	DISAPPROVE ()	CODE VIOLATION LIST ATTACHED ()	INITIALS
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COMMENTS: _____