



Sign Permit #: _____
Zoning District: _____
Date Filed: _____
Fee: \$50.00 _____

CHANGE OF OCCUPANCY APPLICATION

Applicant Name: _____ Address: _____

Phone: _____ Email: _____

Relationship to Property Owner: Same Lessee/Business Owner Contractor Other: _____

Zoning District: _____

Previous Type of Use/Business _____

Type of Use/Business proposed for the above address: (explain if necessary) _____

Describe any exterior or interior improvements, alterations to the building or signage, or parking areas: (i.e. expansion/reduction)

I attest to the best of my knowledge the information and attachment(s) provided are accurate and the proposed activity does not contradict any restrictions and covenants. This application is not an authorization to start the described work without approval. I understand the work must be completed by a licensed contractor with a Town of Irmo business license.

Applicant Signature

Date

OFFICE USE ONLY:

Conforms to Zoning: Yes No Zoning Approval: Yes No

Zoning Administrator/Designee Signature: _____ Date: _____

Business License #: _____ Issued Date: _____