

BUSINESS ACTIVITY MAY NOT START PRIOR TO RECEIVING APPROVALS	CITY OF CHARLESTON BUSINESS APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE AND CERTIFICATE OF OCCUPANCY 2 George Street, Suite 1700 MAILING ADDRESS: PO Box 22009, Charleston, SC 29413-2009 Incomplete Applications Will Not Be Accepted and Additional Information May Be Required	_____ New Business _____ Address Change _____ Change Hours _____ Change Ownership _____ Name Change _____ Other
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Welcome to the City of Charleston! The following information is required to review your Business License Certificate of Occupancy (BLCO) application to ensure your proposed use is permitted in the property's zoning district and that the structure meets building and fire code requirements. A Business License CO will not be issued until all construction is completed, inspected, and accepted. Applications cannot be approved if there are violations at the proposed location. Operating a business without a business license is a violation of the City's Code and could subject you to a penalty.

Name of Business: _____

Physical Address: _____ Suite/Apt. # _____ Tax Map #: _____

Describe the nature of the business to be conducted (be specific and complete): _____

Previous business name and use at this location: _____

Please read the following and mark the box that applies to you:

1. Is the location of your business newly constructed or has it had a building permit in the last 12 months?
 Yes No
2. Are you changing the use of the building? (Ex: house to office, office to restaurant or deli, etc.)
 Yes No
3. Are you making any changes to the building structure? (Ex: add or remove walls, doors, windows, stairs, etc.)
 Yes No
4. Are you adding or changing heating, ventilation, air conditioners, or refrigeration?
 Yes No
5. Are you adding or changing plumbing? (Ex: sinks, toilets, showers, bathtubs, etc.)?
 Yes No
6. Are you adding or changing electrical (Ex: new lights, switches, outlets, etc.)?
 Yes No
7. Are you adding signage?
 Yes No
8. Is your building equipped with: Cooking Equipment (other than microwaves) Fire Sprinkler
 Fire Alarm Kitchen Fire Suppression System Other Fire Suppression System
9. Will you be storing or using: Hazardous Materials High-Rack Storage (over 12 feet)
 Compressed Gas Cylinders More than 10 gallons of flammable or combustible liquid
10. Will your business require South Carolina Department of Health and Environmental Control approval?
 Yes No If yes, contact SCDHEC Food Protection Division at (803) 896-0640 or <http://www.scdhec.gov/health/envhlth/food-safety/services-industry.htm>
11. Will your business require Charleston Water Systems grease trap approval? (Examples: restaurant or food prep)
 Yes No If yes, contact CWS at PellenzM@charlestoncpw.com or (843) 308-8205
12. Will your business require an On-Premises Beer/Wine License or On-Premises Liquor by the Drink License?
 Yes No If yes, contact SCDOR-ABL Division at (803) 898-5864 or www.sctax.org
13. Is your business a salon or barber shop that will add shampoo bowls?
 Yes No If yes, contact CWS at gadsonte@charlestoncpw.com or (843) 727-7134
14. If your business is a daycare, list the number of children that that you are requesting in the facility and their minimum age. _____ Number of Children _____ Minimum Age
15. What is your anticipated maximum number of occupants? _____

Businesses used for assembly (Ex: restaurants, bars, nightclubs, or churches) require a floor plan. Please submit one electronic set of plans in PDF format OR three scaled drawings on 8.5 x 14 (Legal) size paper with rooms labeled indicating gross floor area, patron use area, bathrooms with fixtures, tables, chairs, doors with width and swing, and other obstructions.

Please Clearly Complete the Following Information:

Business Entity Type: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

Business Mailing Address: _____ Zip Code: _____

Owner of Business: _____

Owner's Mailing Address: _____ Zip Code: _____

Owner's Business Phone: _____ Cell: _____

Owner's Email Address: _____

Emergency Contact Name (Local): _____ Telephone: _____

If the Business is an LLC or Corporation, please list the names and contact information for the officers of the entity:

Hours of Operation: _____ Number of Employees: _____

Number of Square Feet of Building for Business: _____ Number of Parking Spaces: _____

Square Feet of Patron Use Area: _____ Net Office Area: _____

Number of Buildings Used For Business: _____ Number of Trucks: _____

Number of Off-Street Loading and Unloading Spaces: _____

Owner of Building: _____

APPLICANT'S STATEMENT OF COMPLIANCE

I (we) hereby make application for a Business License Certificate of Occupancy 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, mechanical, gas, 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 Business License Certificate of Occupancy 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 installation.

Date: _____ Signature: _____

Telephone: _____ Print Name: _____

Owner () Agent ()

FOR CITY USE ONLY

CERTIFICATE OF ZONING COMPLIANCE

The use of the buildings and/or land as listed herein 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: _____

On premises alcohol consumption: () Permissible by City Zoning Regulations () Prohibited by City Zoning Regulations

Zone District TPU Code # Zoning Approved Hours Date Zoning Official

FIRE MARSHAL DIVISION SAFETY SURVEY

Date received by FMD: _____ Assigned to: _____ Date applicant contacted: _____

Date	Inspector	Status	Notes

DO NOT PHOTOCOPY BELOW THIS LINE

REVENUE COLLECTIONS – BUSINESS LICENSE

SC Retail Sales Tax Number: _____ Driver's License Number: _____ State: _____