

**Building Division**  
(843) 545-3116 (phone)  
(843) 545-3296 (fax)  
bldpermits@gtcounty.org (email)



**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**

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**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 \$50.00 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.**

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**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: \_\_\_\_\_