



City of Hartsville Zoning and Code Compliance

Date: _____

Name: _____

Phone Number: _____

Name of Business: _____

Address of Property: _____

Email Address: _____

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

Describe any improvements or alterations to the building or parking area: (i.e. expansion/reduction)

Zoning District: _____ Tax Map Number: _____

Building Owner's Name: _____

Building Owner's Mailing Address: _____

FOR OFFICE USE ONLY

Conforms to Zoning: yes___ no___ Zoning Department Approval: yes___ no___

Zoning Department Signature: _____ Date: _____

Code Official Signature: _____ Date: _____

Business License Issued Date: _____

Occupant Design Load: _____

Use Classification: _____

Automatic Sprinkler System: _____

FOR OFFICE USE ONLY

Yes No 911 Address Visible

Yes No Fire Extinguisher

Yes No Exits

Yes No Exit Lighting

Yes No Emergency Lighting

Yes No IPMC (List violation codes)

Yes No Permits Required (If yes, check the one that required)

- Building
- Electrical
- Fuel/Gas
- Plumbing
- Mechanical
- Sign
- Zoning

Other
