

TOWN OF CHERAW

200 Market Street (P.O. Box 219) • Cheraw, SC 29520 • Ph. 843.537.8400 • Fax 843.537.8407



CHANGE OF USE APPLICATION

Applicant Name: _____

Name of Business: _____

Address: _____ City/State/Zip: _____

Location's Tax Map #: _____ Property/Location's Address: _____

Phone: _____ Cell: _____ Email: _____

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

Designation of Agent: I/we hereby authorize the person named as Applicant to act on my/our behalf for the purpose of submitting and amending documents, meeting with staff, and attending public meetings/hearings. Complete all designated areas.

Owner (print) _____ Owner Signature _____ Date _____

Witness(print) _____ Witness Signature _____ Date _____

Phone: _____ Email: _____

Previous Type of Use/Business _____

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

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

Zoning District: _____

OFFICE USE ONLY:

Conforms to Zoning: Yes No Zoning Approval: Yes No

Planning/Zoning Department Signature: _____ Date: _____

Code Official Signature: _____ Date: _____

Business License Issued Date: _____

Occupant Design Load: _____

Use Classification: _____

Automatic Sprinkler System: _____

- Yes No 911 Address Visible
- Yes No Fire Extinguisher
- Yes No Emergency Lighting
- Yes No IPMC (List Violation Codes)
- Yes No Permits Required (If yes, check the appropriate one(s) below)
 - Building
 - Electrical
 - Fuel/Gas
 - Plumbing
 - Mechanical
 - Sign
 - Zoning
 - Other: _____

Number of Exists: _____

Existing Lighting Adequate No Inadequate

Comments:
