



THE TOWN OF  
*Irmo*  
GATEWAY TO LAKE MURRAY

CHANGE OF USE  
APPLICATION

Permit #: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Fee: \$50.00 \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 to submit and amend documents, meet with staff, and attend public meetings/hearings. Complete all designated areas.

\_\_\_\_\_  
Owner (print) Owner Signature Date

\_\_\_\_\_  
Witness (print) Witness Signature Date

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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)

Has a building permit been requested?  Yes  No

If no, please complete and submit the permit application to CC&L (<https://www.cciservicesllc.com> or 864.586.6111).

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: \_\_\_\_\_