



# TOWN OF IRMO ZONING PERMIT APPLICATION

Zoning Permit No.:	_____
Zoning District:	_____
Date Filed:	_____
Fee: \$25.00	_____

## APPLICATION INFORMATION

**NAME OF BUSINESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_  
STREET ADDRESS

CONTRACTOR:	NAME	ADDRESS	PHONE
1.	PRESENT USE	_____	
	NEW PROPOSED USE:	_____	
2.	EXISTING OFF-STREET PARKING SPACES:	_____	
	ADDITIONAL SPACES TO BE PROVIDED:	_____	
3.	LAND TO BE USED FOR REQUIRED OFF-STREET PARKING IS IN THE SAME OWNERSHIP AS THAT OF THE LOT WHERE PRINCIPAL USE WILL BE LOCATED:	YES <input type="checkbox"/> NO <input type="checkbox"/>	
4.	SIZE & NUMBER OF SIGNS ON PREMISES:	_____	
	SIZE & NUMBER OF SIGNS TO BE ADDED:	_____	

***“IT IS UNDERSTOOD AND AGREED THAT THE ZONING PERMIT IS ISSUED IN RELIANCE OF ALL INFORMATION AND ON THE SITE PLANS SUBMITTED BY THE OWNER OR AGENT; THEREFORE, IF ANY FALSE OR MISLEADING INFORMATION IS FOUND TO EXIST THEREIN, THE ZONING PERMIT IS VOIDABLE BY THE ZONING ADMINISTRATOR.”***

I have reviewed the plans as submitted to the Town of Irmo and agree to complete the project as shown in these plans. I further understand that any variations to these plans must be resubmitted and approved by the Town of Irmo.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner *Signature*

PERMIT APPROVAL (to be completed by Zoning Administrator)

\_\_\_\_\_  
Site Plan No.

\_\_\_\_\_  
Parcel No.

Finding of Completeness and Issue Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Administrator, Vi H. Racine