



TOWN OF IRMO ZONING PERMIT APPLICATION

Zoning Permit #:	_____
Zoning District:	_____
Date Filed:	_____
Fee: \$25.00	

APPLICATION INFORMATION

NAME OF BUSINESS: _____ PHONE _____

OWNER OF BUSINESS: _____ EMAIL _____

STREET ADDRESS: _____

CONTRACTOR: _____ 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 NO

4. SIZE & NUMBER OF SIGNS ON PREMISES: _____

SIZE & NUMBER OF SIGNS TO BE ADDED: _____
(attach sign plans)

"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."

Any zoning permit shall become invalid unless the work authorized by it has been commenced within six months of permit issue date.

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 / Agent

Finding of Completeness and Issue Authorization

Tax Map Number

Kaye Hunke / Zoning Clerk

Date

Robert M. Brown / Zoning Administrator