

**SAFETY / OCCUPANCY  
PERMIT APPLICATION**

**Kiawah Island**

21 Beachwalker Drive  
Ph: 843-768-9166 Fax: 843-768-4764



PERMIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
APPLICANT'S NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

<b><u>For Official Use ONLY:</u></b>	
Date:	_____
Approved By:	_____
Change of use:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning:	_____
TMP:	_____

**Describe (in detail) the proposed business to be conducted at the above address:**

**PURSUANT TO SECTION 6-29-1145 OF THE SOUTH CAROLINA CODE OF LAWS, IS THIS TRACT OR PARCEL RESTRICTED BY ANY RECORDED COVENANT THAT IS CONTRARY TO, CONFLICTS WITH, OR PROHIBITS THE ACTIVITY DESCRIBED IN THIS APPLICATION? \_\_\_ YES \_\_\_ NO**

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Who was the previous occupant? (required)
2. Square Footage of space? (required):
3. Are you moving from a location within the City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where are you moving from?
4. Are you planning to do any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you require signage? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is Building Sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICANT SIGNATURE** \_\_\_\_\_

<b><u>FOR OFFICIAL USE ONLY:</u></b>	
COMMENTS:	_____
Ready for Preliminary Inspection:	<input type="checkbox"/> Yes <input type="checkbox"/> No      When? _____