



**CITY OF SIMPSONVILLE
CERTIFICATE OF OCCUPANCY APPLICATION**

SITE/PROPERTY LOCATION:

Property Address: _____

APPLICANT: _____

Mailing Address: _____ City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

Name of Business: _____

Previous Business at this location (if known): _____

Submittal Checklist*: ☐ Application Fee: \$25

*Staff reserves the right to request additional information and/or materials as necessary

REQUIREMENTS:

1. Must provide the correct street address.
2. Appropriate zoning verified by the zoning official.
3. All electrical device covers are in place with no exposed or frayed wires.
4. All knock-outs in electrical panel are sealed.
5. All lighted "EXIT" signs and emergency lighting (if required) are functional.
6. At least one 5 pound fire extinguisher rated at 2A 10BC with a metal head, mounted in an accessible location. Contact the Simpsonville fire marshal at 864-967-9545 for additional information.
7. Signage requires separate permitting. Sign permit applications and information can be found at www.simpsonville.com/forms--permits.html

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- Inspections called in before 10:00 am will be done the same day.
 - Be prepared with your permit number, listed on the yellow permit card, when requesting an inspection.
 - This permit is required to obtain temporary or permanent power.
 - **Restaurants, food vendors, and similar uses** must call the Department of Health & Environmental Control (DHEC) at 864-282-4147 for an inspection before you may open your business.

I do hereby certify as business owner/authorized agent that the information shown on this application is correct.

Signature

Printed Name

Date

FOR CITY STAFF USE ONLY

Date Received: _____ By: _____ Comments: _____