TOWN OF SURFSIDE BEACH
CODE CLEARANCE FORM IN HOME BUSINESS

This form is required for all businesses located in the Town limits. Before a business license can be issued, you are required to get the necessary approvals for code compliance applicable to the location and nature of your business. This form must be returned to the Business License Office with all approvals in order to apply for a business license.

☞ YOU MAY NOT LAWFULLY CONDUCT BUSINESS UNTIL A LICENSE IS ISSUED!

DATE: ___________________________

NAME OF BUSINESS: ______________________________________________________________

NAME OF OWNER: ________________________________________________________________

STREET ADDRESS: ________________________________________________________________

TYPE OF BUSINESS: _______________________________________________________________

DESCRIBE BUSINESS ACTIVITY: _______________________________________________________

DESCRIBE ADDITIONAL VEHICLES/ EQUIPMENT THAT WILL BE PARKED OR STORED IN YOUR YARD?

HOW MUCH ADDITIONAL TRAFFIC WILL BE CREATED ON YOUR STREET? ______________

TYPE OF BUILDING: ( ) SINGLE FAMILY ( ) DUPLEX

Are alterations, remodeling or repairs planned? ____________________________________________

If yes, you are required to obtain permits before any work is started.

OWNERS SIGNATURE: __________________________________________ Date: __________

A checkmark below indicates which approvals are required.

_________________________ BUILDING AND ZONING DEPARTMENT: Compliance with Zoning Ordinance.

( ) APPROVED

( ) DISAPPROVED Authorized Zoning signature_____________________________

_________________________ HEALTH DEPARTMENT: Compliance with health regulations. Will require DHEC signature only if business is food related or required by state law.

( ) APPROVED

( ) DISAPPROVED Authorized DHEC signature: ______________________________

_________________________ ZONING DEPARTMENT: For new signs, or changes made to existing signs, you must obtain zoning approval prior to installation.

( ) APPROVED Authorized Zoning signature: ______________________________

( ) NO CHANGE REQUESTED: Owner’s Signature: ______________________________

Upon completion of this form with authorized signatures, please return it to the Business License Office with your business license application and the required fee.