

Zoning Permit Application



City of Cayce
South Carolina

ISSUE DATE: _____

The applicant hereby request a Zoning Permit pursuant to Section 6 of the Zoning Ordinance to use the property described below in the following manner: Please describe in detail the business: _____

BUSINESS

Name	# of Employees
Address	

PROPERTY OWNER

Name
Address
Phone

APPLICANT

I certify that the information in this request is correct.

Name [print]	Signature	Date
Address	Phone	

FOR P&D OFFICE USE			
TMS #	Zoning	Issued By	Date
<input type="checkbox"/> Approved	By:		Date
<input type="checkbox"/> Denied [Reason]			

NAICS CODE	
Code #	Classification

FOR FINANCE OFFICE USE		
Receipt #	Date	Business License Fee

**THIS PERMIT IS NOT VALID UNTIL THE BUSINESS LICENSE FEE
HAS BEEN PAID**