



CITY OF WOODRUFF

231 E. Hayne Street
Woodruff, SC 29388

Phone: 864-476-8154 Fax: 864-476-8119

www.cityofwoodruff.com

ZONING PERMIT APPLICATION

Date: _____

Business Name: _____

Site /Street Address: _____

Owner/Business Name: _____

Contact Phone Number: _____ Other: _____

Building owner: _____

Zoning Classification: _____ Bldg. Sq. Footage: _____

Description of

Business: _____

Use back of this form if necessary

Business License Issue date _____ Business License #: _____

Fire/Life Safety Inspection Required: []Y []N Date of Inspections: _____

Results:

Application Approved by: _____ Date _____

Owner/Applicant: _____ Phone: _____

Address: _____

By signing this application, I certify that I am the Owner/Operator or Authorized representative of the Company listed above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violations of other related state and local ordinances and laws. By signing this permit application I submit that business will be done in accordance with local, state and federal laws and ordinances regulation such activity.

Signed: _____ Date: _____

NOTES: