



# Certificate of Occupancy Inspection Checklist

**Schedule your inspection by calling the Community Development Department at (864) 487-8500.**

**24 HOUR NOTICE IS REQUIRED FOR INSPECTIONS.**

## **ZONING**

- Permitted use – Verify with the Zoning Administrator that the use is allowed in the given zoning district.
- Parking – Type of use and gross floor area are used to determine parking requirements.
- Signage – Signs that are visible from the street may require a permit.

**STREET ADDRESS** - The address number should be displayed so that it is visible from the main road and is a minimum of 4” in height. The proper address should be confirmed with City’s Addressing Coordinator.

**FIRE EXTINGUISHER** - Install a “2A-10BC” (5lbs) rated portable fire extinguisher so that the travel distance does not exceed 100 feet from any point within the building. Extinguishers shall be mounted on a bracket or installed in a fire extinguisher cabinet, no higher than five feet (5’) to the top of the extinguisher or extinguisher cabinet - measured from the floor level, and NOT in a restroom or closet. **A current certification tag must be affixed to the extinguisher.** Fire Extinguishers require annual certifications.

**SUPPRESSION SYSTEMS** - **Shall be up to date and properly tagged** (if applicable)

- Sprinkler
- Kitchen Hood Suppression System
- Fire Alarm

## **ELECTRICAL SAFETY**

- Unused opening(s) in Panel Boxes shall be closed.
- A clear, unobstructed working space of 3’ is required in front of panel box.
- Extension cords shall not be used as “permanent wiring”.
- All outlets and devices must have covers.

## **BUILDING SAFETY**

- Fire rated tenant separation must be maintained (if required).
- Exit signs and emergency lighting shall be operable.
- Exit door hardware at the main exterior door shall be readily openable from the egress side without the use of a key, special knowledge, or effort. Hardware requirements may vary based on the type of occupancy.
- Maintain proper aisle ways for egress. Proper aisle way widths are as follows:
  - 44 inches minimum for occupancies of 50 or greater
  - 36 inches minimum for occupancies of less than 50.
- Handrails, guardrails, steps and landings must comply with International Building Code (if applicable).
- Heating systems - i.e. gas appliances, furnaces, etc. - need to be in good working condition.
- Plumbing systems shall be in good working order.
- Maintain proper clearances from top of storage and merchandise to ceiling:
  - 18” with sprinkler system
  - 24” without sprinkler system
- Barrier free accessibility (handicap) must be in place if required for parking, ramps, restrooms, hardware, etc.
- A Knox Box may be required for a change of occupancy or for a structure that has been vacant for more than six (6) months.

***The above is a list of general guidelines; specific requirements may vary per code requirements for certain occupancies.***

# CERTIFICATE OF OCCUPANCY INSPECTION APPLICATION

- 1) APPLICANT'S NAME \_\_\_\_\_
- 2) APPLICANT'S MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_
- 3) APPLICANT'S PHONE # \_\_\_\_\_
- 4) BUSINESS NAME \_\_\_\_\_
- 5) ONSITE MANAGER'S NAME \_\_\_\_\_
- 6) ONSITE PHONE NUMBER \_\_\_\_\_
- 7) PROPERTY OWNER'S NAME \_\_\_\_\_
- 8) PROPERTY OWNER'S MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_
- 9) PROPERTY OWNER'S PHONE # \_\_\_\_\_
- 10) STREET ADDRESS OF SUBJECT PROPERTY \_\_\_\_\_
- 11) SUBJECT PROPERTY'S TAX ID # \_\_\_\_\_
- 12) EXISTING USE OF PROPERTY \_\_\_\_\_
- 13) PROPOSED USE OF PROPERTY \_\_\_\_\_  
\_\_\_\_\_
- 14) PROPOSED ALTERATIONS, REPAIRS, IMPROVEMENTS \_\_\_\_\_  
\_\_\_\_\_
- 15) GROSS SQUARE FOOTAGE OF BUSINESS LOCATION \_\_\_\_\_

**\*\*A copy of the applicant's lease must be provided OR the property owner must sign below. \*\***

The undersigned verifies that they are the property owner thereof and accepts responsibility for accuracy and gives the applicant permission to submit this application to City of Gaffney for review.

\_\_\_\_\_  
**PROPERTY OWNER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

The undersigned verifies that they are the applicant thereof and accepts responsibility for accuracy and gives the City of Gaffney permission to obtain information necessary to review this application.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

DATE APPLICATION SUBMITTED: \_\_\_\_\_ REC'D BY: \_\_\_\_\_

DATE APPLICATION COMPLETED: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

OCCUPANCY TYPE: \_\_\_\_\_

BUILDING SPRINKLED: \_\_\_\_\_ YES \_\_\_\_\_ NO

BUILDING PERMIT # (if applicable): \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

BUILDING INSPECTOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY ENGINEER APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRE INSPECTOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING ADMINISTRATOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PLEASE COMPLETE & RETURN THIS APPLICATION TO:

**City of Gaffney  
Community Development Department  
P.O. Box 2109 (29342)  
201 N. Limestone St. (29340)  
Gaffney, SC  
Phone: (864) 487-8500  
<http://getintogaffney.com>**