



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 at all times.
- 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 EMAIL ADDRESS _____
- 4) BUSINESS NAME _____
- 5) BUSINESS/SUBJECT PROPERTY ADDRESS _____
- 6) SUBJECT PROPERTY'S TAX ID# _____
- 7) APPLICANT'S PHONE # _____
- 8) ONSITE MANAGER'S NAME _____
- 9) ONSITE PHONE NUMBER _____
- 10) PROPERTY OWNER'S NAME _____
- 11) PROPERTY OWNER'S MAILING ADDRESS _____

- 12) PROPERTY OWNER'S PHONE # _____
- 13) EXISTING USE OF PROPERTY _____
- 14) PROPOSED USE OF PROPERTY _____

- 15) PROPOSED ALTERATIONS, REPAIRS, IMPROVEMENTS _____

- 16) GROSS SQUARE FOOTAGE OF BUSINESS LOCATION _____
- 17) WILL A NEW SIGN BE INSTALLED ___ YES ___ NO

****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

City of Gaffney • Community Development Department
201 N Limestone St • Gaffney, SC 29340 • (864) 487-8500 • <http://getintogaffney.com>

FOR OFFICE USE ONLY

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

DATE APPLICATION SUBMITTED: _____ REC'D/REVIEWED BY: _____

BUILDING PERMIT # (if applicable): _____

ZONING DISTRICT: _____

BUSINESS NAISC CLASSIFICATION AND CODE: _____

PROPOSED USE: _____ OCCUPANCY TYPE: _____

CONSTRUCTION TYPE: _____ OCCUPANT LOAD: _____

BUILDING SPRINKLED: _____ YES _____ NO

PROPERTY OWNER: _____

OWNER ADDRESS: _____

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
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