

Code Clearance Form

This Form is required for all businesses located in the Town of Kingstree.

Date: _____ Name of Business: _____

Name of Owner(s): _____

Street Address: _____

Telephone: _____ Zip Code: _____

Type of Business: _____

Type of Building: () Residence () Store () Office Building () Warehouse

Zoning Division: Compliance with Zoning Ordinance

- () Approved
- () Disapproved

Signature

Date

Inspection Division: Compliance with Building Code

- () Approved
- () Disapproved

Signature

Date

Fire Department: Compliance with Fire Code

- () Approved
- () Disapproved

Signature

Date

Health Department: Compliance with Health Regulations

- () Approved
- () Disapproved

Signature

Date

Water Department: Water and Sewage Services Established

- () Approved
- () Disapproved

Signature

Date