



Office Use Only:	
Application# _____	Fees Paid _____
Date Received _____	Accepted By _____
Date Complete _____	App Deny Conditions _____

Feasibility Application

Permitting Office (864) 467-5705

*Indicates Required Field to be filled

*Address of the space being inspected: _____

Tax Map Number: _____

*Name of person requesting Feasibility: _____

*Telephone Number: _____

*Email: _____

Is the space Sprinkled ___ Yes ___ No

*The space vacant? ___ Yes ___ No

*What was the spaced used for previously? _____

*What do you want to use the space for? _____

What is the square footage of the space? _____