



Planning Department

201 Caulder Avenue
Rm 217, Wing D
Spartanburg, SC 29306
P.O. Drawer 1749
Spartanburg, SC 29304
(864) 596-2069
(864) 596-2360
www.cityofspartanburg.org

Encroachment Permit Application

Section 9-403(a). It shall be unlawful for any person to create, establish, operate, maintain or otherwise be engaged in the business of running an outdoor café, or place any items upon the sidewalks or public property, in the DT-4, DT-5, & DT-6, Downtown Urban Districts, in the City of Spartanburg unless he shall hold a currently valid permit issued under the terms of this article.

1. Applicant: _____
Name (First, Middle, Last) Telephone Number

Home Address (Street, City, State, Zip)

2. Business: _____
Name Telephone Number

Physical Address Mailing Address

Ownership: ___ Sole Proprietorship ___ Partnership ___ Corporation: _____

City Business License Number: _____ Business Capacity _____

3. Personal history of all owners, partners, or corporate officers: (use additional sheets, if necessary)

A. _____
Name (First, Middle, Last) Home Telephone Number

Home Address (Street, City, State, Zip)

Date of Birth Place of Birth Social Security Number

B. _____
Name (First, Middle, Last) Home Telephone Number

Home Address (Street, City, State, Zip)

Date of Birth Place of Birth Social Security Number

4. Contact Person: _____
Name Daytime Phone Nighttime Phone

Emergency Contact Daytime Phone Nighttime Phone

TYPE OF ENCROACHMENT: Sign ___ Retail ___ Outdoor Café ___ Newspaper ___ Magazine ___
Business License No. _____ Date Issued _____

5. Attach the following items to complete your application: (YOUR APPLICATION WILL BE RETURNED AS INCOMPLETE WITHOUT THESE ITEMS.)
 - A. A sketch of the proposed location, drawn to scale or with dimensions, showing the existing public area and adjacent private property and the proposed layout of the encroachment.
 - B. A Certificate of Insurance, issued by an insurance company licensed to do business in the State of South Carolina, protecting the licensee and the city from all claims for damage to property and providing bodily injury, including death, which may arise from operation under or in connection with the encroachment permit. Such insurance shall name the city as an additional insured and shall provide that the policy shall not terminate or be canceled prior to the expiration date without 30 days advance written notice to the city. The policy shall be in an amount not less than \$250,000.00.
 - C. A copy of any required city or state permits for the business involved (i.e. ABC License, Health Permit, Business License, Retail License, etc.).
 - D. Photographs, drawings, or manufacturers' brochures fully describing the appearance of all proposed tables, chairs, displays, umbrellas, signs or other objects or the encroachment.
6. Prior to issuing the Encroachment Permit, a permit fee must be paid to the City. This fee is \$35 for a sign encroachment and \$100 for dining encroachment. A retail establishment may elect to purchase an annual encroachment permit for the amount of \$100 or may purchase an individual permit of \$35 for each retail sale encroachment. **Note:** If individual permits are purchased, no more than three (3) permits can be purchased for any one location/establishment in a one-year period per Section 9-405(e) of this Ordinance. Other displays placed on the sidewalk requires \$100 permit per location, i.e., newspaper box, real estate magazines, etc.

I certify that all the statements and information provided in this application are true and accurate, to the best of my knowledge. If approved, I understand that the Encroachment Permit is a temporary license which can be denied, suspended or revoked for any conduct which is contrary to the provisions of this section or if business is conducted in such a manner as to create a public nuisance, or to constitute a danger to the operator's or the public's health, safety, or welfare. This permit creates no property right and that any decision of the City Manager related to this permit shall be final.

I UNDERSTAND THIS APPLICATION WILL BE RETURNED IF IT IS NOT FULLY COMPLETELY, INCLUDING ALL ITEMS IN SECTION 5 ABOVE.

Signature of Applicant

Date

Please return to: City of Spartanburg
Joshua Henderson
Planning Department
P. O. Box 1749
Spartanburg, SC 29304

FOR OFFICIAL USE ONLY		
Type of Encroachment: Café <input type="checkbox"/> Retail Establishment <input type="checkbox"/> Sign <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/>		
Approved by: _____ Fee _____ Date _____		