

**CITY OF LANCASTER**

Building, Licensing, & Zoning  
P. O. Box 1149 216 S. Catawba Street  
Lancaster, SC 29721  
(803) 283-4253 (803) 286-5927 FAX



**BUILDING PERMIT APPLICATION**

Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Zoning: \_\_\_\_\_ Site Plans \_\_\_\_\_

**Is this tract or parcel of land restricted by any recorded covenant that is contrary to, conflicts with or prohibits the permitted activity? \_\_\_ Yes \_\_\_ No**

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

S.C. State License #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Architect: \_\_\_\_\_

Architect Address: \_\_\_\_\_

Engineer: \_\_\_\_\_

Engineer Address: \_\_\_\_\_

Type of work:	New Building	Addition	Renovation	Other
	Demolition	Single Family	Multi-Family	Other

Description of work: \_\_\_\_\_

Building Size: \_\_\_\_\_

Total heated area: \_\_\_\_\_

Bonus room: \_\_\_\_\_

Garage: \_\_\_\_\_

Porches: \_\_\_\_\_

Valuation of work including **Electrical, Plumbing, and Mechanical Systems**: \_\_\_\_\_

**I certify to the best of my knowledge that all information provided is true and correct and all work performed under this permit shall conform to all plans and specifications herewith submitted and shall conform to the City Code of Ordinances pertaining thereto.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date