

**CITY OF LANCASTER**

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



**GRADING PERMIT APPLICATION**

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

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

Tax Map: \_\_\_\_\_ Zoning: \_\_\_\_\_ Site plans submitted: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

Valuation of work: \_\_\_\_\_

Comments: \_\_\_\_\_

**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