

CITY OF LANCASTER

Building & Zoning Department
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: Residential Commercial New Building Addition Other
Renovation Demolition Single Family Multi-Family

Description of work: _____

Building Size: _____

Total heated area: _____

Bonus room: _____

Garage: _____

Porches: _____

Valuation of work including **Building, Electrical, Plumbing, Mechanical or Gas Systems:** _____

Federal and State Asbestos regulations require responsible parties to have a DHEC licensed builder inspector inspect regulated structures for the presence of asbestos and to obtain DHEC required asbestos project licenses. **Please ensure that these requirements are met prior to conducting any abatement, renovation or demolition activities.**

Visit http://www.scdhec.gov/environment/baq/Asbestos/regulatory_information.asp for more information or contact SCDHEC at 803-898-4289. By signing this application you are acknowledging that you have received the attached SCDHEC brochure titled "Renovation, Demolition & Asbestos".

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