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 Permit:      ☐ BUILDING     ☐ ELECTRICAL     ☐ PLUMBING     ☐ MECHANICAL     ☐ GAS

Type of work:      ☐ RESIDENTIAL     ☐ COMMERCIAL

☐ New Building  ☐ Addition  ☐ Renovation  ☐ Demolition  ☐ Other

☐ Single Family  ☐ Two-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