



Planning and Development
BUILDING PERMIT APPLICATION

PROJECT NAME: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER INFORMATION:

NAME:	
PHONE NUMBER:	
EMAIL	

CONTRACTOR INFORMATION

NAME:	
PHONE NUMBER:	
EMAIL	
SC LICENSE #:	

PROJECT/WORK DESCRIPTION

CHECK ONE: ___ RESIDENTIAL ___ COMMERCIAL

CHECK ONE: ___ NEW CONSTRUCTION ___ INTERIOR FIT ___ ADDITION ___ REPAIR WORK

FLOOD AREA: ___ YES ___ NO TOTAL SQ FT: _____

ACTUAL PROJECT COST: _____ PROJECT COST LESS TRADES: _____

ROOF TYPE: _____ # STORIES: _____

BASEMENT: ___ YES ___ NO # BATHROOMS: _____ # KITCHENS: _____

FOUNDATION: ___ SLAB ___ CRAWL SPACE

EXTERIOR: ___ BRICK ___ VINYL ___ BLOCK ___ PRE-CAST ___ OTHER: _____

JOB DESCRIPTION: _____

**I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE.
I UNDERSTAND THAT ALL PERMITS NEED TO REMAIN ON-SITE DURING THE ENTIRE
DURATION OF THE COMPLETION OF THE PROJECT:**

APPLICANT'S SIGNATURE: _____



Planning and Development

DATE: _____