



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: _____

DATE: _____