# TOWN OF SOUTH CONGAREE

Building Permit Application

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Permit Number |  |  |  | Permit Cost | Date Issued |  | Issued By |  |
|  |  |  |  |  |
| Location |
| Address | City | County | Zip |
| Tax Map # | Subdivision | Section | Block | Lot |
|  | Name |  |  | Mailing Address |  | Zip Code | Phone | License # |
| Owner |  |  |  |  |  |
| Architect |  |  |  |  |  |
| Gen. Contractor | Description of Work |  |  |  |  |

Private (Individual, Corporate, Other)

Public (Fed, State, Local Gov'ts, Other)

Ownership

New Building Addition Alteration

Repair/Replacement Demolition Moving/Relocation Foundation Only

Nature of Work



|  |  |  |
| --- | --- | --- |
| Type of Work | Value | Contractor Name |
| Building | $ |  |
| Electrical | $ |  |
| Plumbing | $ |  |
| HVAC | $ |  |
|  |  |  |
|  |  |  |
| Plumbing | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
|  | Proposed | Use |  |
|  |  |
| AssemblyBusiness | Educational Hazardous | Factory-Industrial Institutional | Mercantile Residential | Storage |

AFFIDAVIT OF APPLICANT

1. No work is to begin before permit card is posted.
2. No work is to be continued if permit card is lost, destroyed, or stolen.

|  |  |
| --- | --- |
| Heat Source |  |
|  |
| Gas OilElectricity CoalWood |
| Other |  |

1. Contractor and Subcontractors will secure (if required) a business license and permits before beginning any work.
2. This permit is Void if job is not started withing six (6) months of Permit Application date.
3. I will be responsible and will pay for the business license of any contractor or subcontractor doing work on this project if found without a license.
4. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances, codes, or laws, and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application without approval of the Building Official, shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public property.

Signature of Applicant Mailing Address Date

City State Zip

TOWN OF SOUTH CONGAREE \* 119 WEST BERRY ROAD \* SOUTH CONGAREE SC 290172 \* (803) 755-2760 FAX-(803) 755-0456

\*\*As construction costs may or may not increase, the developer/owner is responsible for any additional permitting fee costs