



BUILDING PERMIT APPLICATION

Permit No.	Receipt No.	Permit Fee	Date Permit Issued	Issued By
		\$		

LOCATION OF IMPROVEMENT

Address	City	State	Zip Code
		SC	

TAX MAP			SUBDIVISION			
Page	Block	Lot	Name	Section	Block	Lot

NAME	MAILING ADDRESS	CITY	ZIP CODE	TELEPHONE	License No.
OWNER					
APPLICANT/CONTRACTOR					

SELECTED CHARACTERISTICS OF WORK

NATURE OF WORK	DIMENSIONS	Description of Work:
<input type="checkbox"/> 1. New Building <input type="checkbox"/> 2. Addition <input type="checkbox"/> 3. Alteration <input type="checkbox"/> 4. Repair/Replacement <input type="checkbox"/> 5. Demolition <input type="checkbox"/> 6. Moving/Relocation <input type="checkbox"/> 7. Foundation Only	1. Number of Floors _____ 2. Total Floor Area of New Construction Based on Exterior Dimensions _____ Sq. Ft.	<div style="border: 1px solid black; height: 150px;"></div>

PROPOSED USE		TYPE OF WORK	VALUE	CONTRACTOR
TYPE OF OCCURRENCE	IF RESIDENTIAL, NUMBER OF UNITS	Building		
<input type="checkbox"/> 1. Assembly <input type="checkbox"/> 2. Business <input type="checkbox"/> 3. Educational <input type="checkbox"/> 4. Hazardous <input type="checkbox"/> 5. Factory — Industrial <input type="checkbox"/> 6. Institutional <input type="checkbox"/> 7. Mercantile <input type="checkbox"/> 8. Residential <input type="checkbox"/> 9. Storage	<input type="checkbox"/> 1. Apartment _____ <input type="checkbox"/> 2. Condominium _____ <input type="checkbox"/> 3. Dorm/Rooming House _____ <input type="checkbox"/> 4. Other (Specify) _____			
		ESTIMATED DATE OF COMPLETION:		
For Office Use Only				
Completion Date: _____				
Inspector: _____				

ZONING APPROVAL	INFRASTRUCTURE	FLOOD PLAIN DATA
SETBACKS (feet): Front Yard _____ required _____ provided Side Yard _____ required (total) with no side less than _____ provided Secondary _____ required _____ provided Rear Yard _____ required _____ provided Any previous requests for variance/special exception? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", Case No. _____ Approved by: _____ <div style="text-align: right; font-size: small;">Signature</div>	SOURCE OF WATER SUPPLY: _____ SOURCE OF SEWAGE DISPOSAL (permit number): _____	Elevation of 100 year Flood _____ First Floor Elevation Above Mean Sea Level _____ Feet Panel _____ Community panel _____ Date _____ Zone _____ SFHA _____ Verified by: _____ <div style="text-align: right; font-size: small;">Signature</div>

AFFIDAVIT OF APPLICANT

1. No work will be started before permit card is posted or continued if the permit card is destroyed, lost or stolen.
2. No work will be continued if permit card is destroyed, lost or stolen.
3. Contractor and subcontractors will secure (if required) a business license before beginning work.
4. This permit is void if job is not started within 6 months of application date.
5. 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.
6. 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 without intention of the undersigned or any alteration of change from this application without the approval of the Building Official, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. The permit does not authorize any encroachment upon public property.

Signature of Applicant
Address
Date

You can email the completed application to Michelle Paulchel at mpaulchel@caycesc.gov.