



## Building Permit Application

\* Indicates Required Field

\*Date: \_\_\_\_\_

\*Street Address/Subdivision \_\_\_\_\_

Tax Map # \_\_\_\_\_ Suite/Unit/Space # \_\_\_\_\_ Tenant/Business Name: \_\_\_\_\_

\*Use: Single Family Duplex/Townhomes Multi Family Office Hotel Retail/Restaurant Medical Church/school

Other \_\_\_\_\_ \* Cost of job ( Contract Amount): \_\_\_\_\_

\*Type of Work:

New Building

Alteration

Repair

Addition

\* Brief Description: \_\_\_\_\_

\* Square footage of new building/addition: \_\_\_\_\_ \* Square footage of existing building ( if applicable) \_\_\_\_\_

\* Construction type: \_\_\_\_\_ \* Occupancy group \_\_\_\_\_

Baths \_\_\_\_\_ Half Baths \_\_\_\_\_ Bedrooms \_\_\_\_\_ # Buildings \_\_\_\_\_ # Units \_\_\_\_\_ # Stories \_\_\_\_\_

\*Roofing: Tar/Gravel Shingle Wood Metal Built Up Other \_\_\_\_\_

\* Heated Area Sq. Ft. \_\_\_\_\_ \* Foundation Type \_\_\_\_\_ \* Finished Basement Area \_\_\_\_\_ \*Non Heated Sq. Ft. \_\_\_\_\_

\* Contractor \_\_\_\_\_ Office phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

\*State License Agency ( Choose One): \_\_\_\_\_ South Carolina Contractor's Licensing Board

\_\_\_\_\_ South Carolina Residential Builders Commission

\*State License Classification: \_\_\_\_\_ \*State License Number: \_\_\_\_\_ \*TR City Business License # \_\_\_\_\_

Architect \_\_\_\_\_ Architect phone and email: \_\_\_\_\_

**ELECTRICAL PERMIT**

Electrical Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email : \_\_\_\_\_  
Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
TR City Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Contract Price: \_\_\_\_\_ Type of License: Residential or Commercial GC

Type: Residential or Commercial Temporary Power pole: Yes or No  
New Service: Amperage of Main Service: \_\_\_\_\_ Number of Circuits: \_\_\_\_\_  
Service Change: Number of Amps: \_\_\_\_\_ Number of Circuits: \_\_\_\_\_  
Low Voltage: Fire Alarms: \_\_\_\_\_ Burglar Alarms: \_\_\_\_\_ Phone/Computer Systems: \_\_\_\_\_

**MECHANICAL PERMIT**

Mechanical Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contractor's License # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
TR City Business License # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Contract Price: \_\_\_\_\_ Type of License : Residential or Commercial GC

Furnace: \_\_\_\_\_ BTUs: \_\_\_\_\_  
A/C Equipment ( Tons per unit): \_\_\_\_\_ Water Heaters: \_\_\_\_\_  
Refrigeration/Walk in Coolers, Freezers ( tons per unit) \_\_\_\_\_  
Boiler Furnaces/Gas Piping ( new/repairing ) : \_\_\_\_\_  
Gas Log Install: \_\_\_\_\_ Common Kitchen Equipment ( range hood) \_\_\_\_\_

**PLUMBING PERMIT**

Plumbing Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contractor's License # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
TR City Business License # : \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Contract Price: \_\_\_\_\_ Type of License: Residential or Commercial GC

Number of Trapped Fixtures: \_\_\_\_\_ Number of Unprotected Fixtures: \_\_\_\_\_  
Water/Heater/Vents: \_\_\_\_\_ Gas Water Heaters: \_\_\_\_\_  
Sewers: \_\_\_\_\_ Gas Piping: \_\_\_\_\_ Lawn Sprinkler Systems: \_\_\_\_\_  
Vacuum Breakers/Backflow Protection Devices: \_\_\_\_\_  
Alteration of Drainage or Vent Piping: \_\_\_\_\_

By Signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.

\* Please Print Name \_\_\_\_\_ \* Date \_\_\_\_\_

\* Signed \_\_\_\_\_