

Building Permit Application

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: _____ 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 Commercial

Temporary Power Pole: Yes No

MECHANICAL PERMIT

Mechanical Contractor: _____

Address: _____

Phone: _____ Email: _____

Contractor's License #: _____ Expiration Date: _____

TR City Business License #: _____ Expiration Date: _____

Contract Price: _____ Type of License: Residential Commercial

PLUMBING PERMIT

Plumbing Contractor: _____

Address: _____

Phone: _____ Email: _____

Contractor's License #: _____ Expiration Date: _____

TR City Business License #: _____ Expiration Date: _____

Contract Price: _____ Type of License: Residential Commercial

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 _____

**Email completed application to permits@travelersrestsc.com.
Questions? Contact: Renee Smouse, 864.834.8740, permits@travelersrestsc.com**