

SALUDA COUNTY BUILDING APPLICATION

DATE OF APPLICATION _____

PERMIT # _____

Owner Name: _____

Project Location (911 address): _____

Tax Map Number: _____ Owner Drivers License# _____

Applicant: _____ [] Owner [] Contractor [] Architect

Applicant Address _____
Street City State Zip

Applicant Phone # (____) _____

State Contractor License # _____ Type _____ Drivers License #/State _____

(Provide copy of licenses for file & a copy of all sub-contractors working on the job)

E-MAIL ADDRESS: _____

OCCUPANCY TYPE _____ **CONSTRUCTION TYPE** _____
A-ASSEMBLY B-BUSINESS E-EDUCATIONAL I II III IVU IVP VU UP VIU VIP
F-FACTORY H-HAZARDOUS I-INSTITUTIONAL
M-MERCANTILE R-RESIDENTIAL S-STORAGE
U-UTILITY

Heated Square Footage _____
Unheated SQ/Ft. _____

Unless pre-existing:

SEPTIC TANK APPROVAL DATE _____

(Approval copy to be provided once system is installed)

[] New [] Renovation [] Repairs [] Addition

WELL PERMIT # _____

(Copy to be provided) (Number)

Describe construction/work to be performed under permit: _____

Sets of Construction documents/plans are required. Architectural and Engineer Plans with seals are required for Assembly, Institutional, Educational and Hazardous Occupancies.

Date Plans Received _____ Date Plans Approved _____

POWER COMPANY _____ NAME ON ACCOUNT AT POWER CO _____

(SCE&G MCEC AIKEN CO-OP)

TOTAL VALUATION (COST) OF PROPOSED WORK: _____

(Permit fee based on valuation)

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. IT IS THE LICENSED CONTRACTOR'S RESPONSIBILITY TO SIGN & COMPLETE APPLICATION-NOT THE OWNER-WHEN A LICENSED CONTRACTOR IS PERFORMING THE WORK DESCRIBED ABOVE
IT IS THE PERMIT HOLDER'S RESPONSIBILITY TO SCHEDULE THE INSPECTION AT LEAST 2 BUSINESS DAYS IN ADVANCE. TO SCHEDULE AN INSPECTION CALL (864) 445-0000 ext2272 BETWEEN THE HOURS OF 8:30 AM AND 5:00 PM MON.-THURS AND 8:30 AM-4PM ON FRIDAYS.

(SIGNATURE OF CONTRACTOR/AUTHORIZED AGENT/OWNER)

DATE ____/____/____

(APPROVED BY)

DATE ____/____/____