

SALUDA COUNTY ACCESSORY BUILDING APPLICATION

DATE OF APPLICATION _____ PERMIT # _____

Owner Name: _____

Project Location (911 address): _____

Tax Map Number: _____

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

Applicant Address _____

Street City State Zip

Applicant Phone # (____) _____

State Contractor License # _____ Type _____

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

E-MAIL ADDRESS: _____

[] NEW [] REMODEL [] ADDITION [] REPAIR [] DEMOLITION [] AGRICULTURAL
[] CARPORT [] POLE BUILDING [] STORAGE [] SHED

OCCUPANCY TYPE

A-ASSEMBLY B-BUSINESS E-EDUCATIONAL
F-FACTORY H-HAZARDOUS I-INSTITUTIONAL
M-MERCANTILE R-RESIDENTIAL S-STORAGE
U-UTILITY

Total Sq. Ft.: _____

Describe construction/work to be performed under permit: _____

POWER COMPANY [] DOMINION [] MCEC [] AIKEN CO-OP [] OTHER _____

NAME ON ACCOUNT AT POWER CO _____

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) 445-4500 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 ____/____/____