



PLANNING & DEVELOPMENT SERVICES

18 W. LIBERTY STREET, PO BOX 96
YORK, SC 29745-0096
PHONE (803) 909-7200



RESIDENTIAL PERMIT APPLICATION

Date: _____

Permit Type (check one):					
<input type="checkbox"/> Building	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing/Gas	
Job Cost: \$		Home Construction Type:	<input type="checkbox"/> Stick-Built	<input type="checkbox"/> Modular	<input type="checkbox"/> Manufactured

Address of Construction: _____ **Parcel ID #:** _____

Subdivision: _____ Lot #: _____ Corner lot: ☐ Yes ☐ No Driveway entry street name: _____

Property Owner Name: _____ **Phone:** _____

Property Owner Address: _____ **Email:** _____

Contractor Name: _____ **SC Builder's License #:** _____

Contractor Address: _____ **Phone:** _____ **Email:** _____

Description of work: _____

Number of stories: _____ Porch/ deck s/f: _____ Storage/barn s/f: _____

Garage s/f: _____ Garage attached?: _____ Garage two (2) stories?: _____

Basement s/f: _____ Basement: ☐ finished or ☐ unfinished Bonus room s/f: _____ Bonus room: ☐ finished or ☐ unfinished

Heated s/f: _____ (including heated sf shown for finished basement and/or bonus room listed above)

Utilities:

Water provider: _____ Electrical provider: _____

Sewer provider: _____ Gas provider: _____

Applicants must consult with their property owner's association or other parties that may hold restrictive covenants on the property prior to commencing work.

*****General Acknowledgement*****

- I certify to the best of my knowledge that all information provided herein is true and correct and all work performed under this permit shall conform to the plans and specifications herewith submitted and to all applicable Building Codes and Laws and Ordinances pertaining thereto.
- Plans submitted in association with this application are owned by the applicant or agent of, and has permission to use them.
- By signing this application I certify that I have the authority to make the foregoing application and I am the property owner or an authorized agent for the company performing the work stated above. I understand that I must use contractors licensed or registered with the State of South Carolina. If I choose to represent myself as the owner/builder, I understand that I or my immediate family members are required to occupy the property, that only contractors and subcontractors duly licensed as required by the State of South Carolina must be used to perform work associated with this application and permit, and as owner/builder I may not rent, lease or sell the property for a period of no less than two years from the date of final inspection for which this permit is issued.
- 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.
- I certify no construction or portion of construction will be built over or under any electrical, water, sewer, storm water or any other utility easements or rights-of-way.
- Renovation and demolition of most facilities are subject to State and Federal asbestos regulations. The facility owner and the renovation or demolition contractor are both responsible for ensuring compliance with these regulations. Please visit <https://scdhec.gov/environment/your-home/asbestos-information-homeowners/asbestos-regulations> for more information. The EPA requires contractors to have a Lead Paint Removal Certification when working on a structure built before 1978. Visit <https://www.epa.gov/lead> for more information.

Applicant Signature

Applicant Title

Applicant Printed Name

Date

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.



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RESIDENTIAL SUBCONTRACTOR ADDENDUM

All subcontractors must hold a valid South Carolina State license.

Contact information for each subcontractor must be filled out completely.

Date: _____

Address of Construction: _____ Parcel ID #: _____

Contractor Name: _____ SC Builder's License #: _____

ELECTRICAL CONTRACTOR INFORMATION:

Name: _____

License #: _____

Contract Cost: _____

Address: _____

Phone: _____

Email: _____

PLUMBING/GAS CONTRACTOR INFORMATION:

Name: _____

License #: _____

Contract Cost: _____

Address: _____

Phone: _____

Email: _____

MECHANICAL CONTRACTOR INFORMATION:

Name: _____

License #: _____

Contract Cost: _____

Address: _____

Phone: _____

Email: _____

MASONRY CONTRACTOR INFORMATION:

Name: _____

License #: _____

Contract Cost: _____

Address: _____

Phone: _____

Email: _____

CARPENTRY CONTRACTOR INFORMATION:

Name: _____

License #: _____

Contract Cost: _____

Address: _____

Phone: _____

Email: _____

SHEETROCK CONTRACTOR INFORMATION:

Name: _____

License #: _____

Contract Cost: _____

Address: _____

Phone: _____

Email: _____

Applicant Signature

Applicant Title

Applicant Printed Name

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