TOWN OF SOUTH CONGAREE Building Permit Application

Permit Number				Permit Cost	Date Is	Date Issued		Issued By		
Location										
Address				City		County		Zip		
Tax Map # Si			ubdivision			Section	Blo	ock	Lot	
Sch Dist Fire D		st	Census Tract	Tax Dist	t					
Na			ne	Mailing Add	Mailing Address		p Code	Phone	License #	
Owner										
Architect										
Contractor										
Nature of Work			Description of Work							
 New Building Addition Alteration Repair/Replacement Demolition Moving/Relocation Foundation Only 										
Ownership Private (Individual, Corporate, Other) Public (Fed, State, Local Gov'ts, Other)			Type of Work	Value	Contractor Name					
		Building	\$							
		1	Electrical	\$						
		Plumbing	\$							
Heat Source		HVAC	\$							
Gas Oil Electricity Coal Wood Other			Proposed Use Assembly Educational Factory-Industrial Mercantile Storage Business Hazardous Institutional Residential							
AFFIDAVIT OF APPLICANT										

1. No work is to begin before permit card is posted.

2. No work is to be continued if permit card is lost, destroyed or stolen.

3. Contractor and SubContractors will secure (if required) a business license and permits before beginning any work.

4. This permit is Void if job is not started withing six (6) months of Permit Application date.

5. I will be responsible and will pay for the business license of any contractor or subcontractor doing work on this project if found without a license.

6. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable governmental ordinances, codes, or laws, and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application without approval of the Building Official, shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public property.

Signature of Applicant	Mailing Address	Date	
	City State Zip		