

# City of Georgetown

GEORGETOWN, SOUTH CAROLINA

BUILDING PERMIT  
 PLUMBING

ELECTRICAL  
 MECHANICAL

GAS  
 DEMOLITION

Permit #

Applicant to complete numbered spaces only.

JOB ADDRESS										
1	LEGAL DESCR.	Map No.	Parcel No.	DATE OF APPLICATION	PLOT PLAN	YES <input type="checkbox"/>	NO <input type="checkbox"/>	BUILDING PLANS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	OWNER	MAIL ADDRESS			STATE			ZIP		
3	CONTRACTOR	MAIL ADDRESS			STATE	ZIP	State License No.		City Business License No.	
4	ARCHITECT OR DESIGNER	MAIL ADDRESS			STATE	ZIP	REGISTRATION No.			
5	ENGINEER	MAIL ADDRESS			STATE	ZIP	REGISTRATION No.			
6	USE OF BUILDING							7 VALUATION OF WORK:		
8	Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE									
9	Describe work:									

TYPE OF CONST.:		SIZE OF BUILDING (TOTAL) SQ.FT.		OCC. TYPE		NO. OF STORIES:		FLOOD ZONE:		NO. DWELLING UNITS
USE ZONE:		ZONING SETBACK REQ.	FRONT	LEFT	RIGHT	REAR		HEIGHT		OFF STREET PARKING SPACES:
FEES DUE:	PERMIT	PLAN REVIEW	ZONING	FIRE	STOP WORK	CONST. SIGN	SITE PLAN FEE		TOTAL FEES DUE:	

SPECIAL CONDITIONS/NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE**

This application shall become the BUILDING PERMIT when approved by the Building Official and the Zoning Administrator. The permit issued shall be construed to be a license to proceed with the work and shall not be construed as authority to violate, alter or set aside any of the provisions of the Building Codes or Zoning Ordinance, nor shall such issuance of the permit prevent the Building Official or Zoning Administrator from hereafter requiring a correction of error in plans, or in construction of or violations of the Building Codes or Zoning Ordinance. This Permit shall become invalid unless the work authorized is commenced within six (6) months after the issuance and work is completed within 18 months after its issuance.

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO SCHEDULE ALL REQUIRED INSPECTIONS.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Law and Ordinances governing this type of work will be complied with.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
(DATE)

APPLICATION ACCEPTED BY:	ZONING APPROVED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE:
--------------------------	---------------------	-------------------	------------------------