Town Of Saluda Building Permit Application

Date Of Application: _____ Permit #: _____

Property Owner Name: _____ Owners Phone #: __(_____)_____

Project Location (911 Address): _____

Tax Map #: _____ Owner Driver License #: _____

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

Applicant Address: _____

Street City State Zip Code

Applicant Phone #: _(_____)_____ Fax #: _(_____)_____

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

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

Email Address: _____

OCCUPANCY TYPE: _____ CONSTRUCTION TYPE: _____

A-1, A-2, A-3, A-4, A-5 = ASSEMBLY B = BUSINESS E= EDUCATIONAL IA, IB, IIA, IIB, IIIA, IIIB, IV, VA, VB

F-1, F-2 = FACTORY H-1, H-2, H-3, H-4, H-5 = HAZARDOUS I-1, I-2, I-3, I-4 = INSTITUTIONAL

M = MERCANTILE R-1, R-2, R-3, R-4 = RESIDENTIAL

S-1, S-2 = STORAGE U = UTILITY

building gross Sq/Ft: _____ [ ] New Building [ ] Addition [ ] Alteration [ ] Mobile Home

Heated Sq/Ft: _____ [ ] Repair/ Replacement [ ] Demolition [ ] Moving/Relocation [ ] Sign

Unheated Sq/Ft: _____ [ ] Electrical [ ] Plumbing [ ] HVAC [ ] Other

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: _____ Account # Power Co: _____ Name On Account: _____

TOTAL VALUATION (COST) OF PROPOSED WORK: _____

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1. Contractor and subcontractors must obtain a business license before beginning any work.
2. I will be responsible to pay business license fee of any contractor or subcontractor doing work on this project without license.
3. The applicant , his agents and employees of, shall comply with all rules, regulations and requirements of the Town Zoning Regulations and Building Codes governing all aspects of the above proposed work for which the permit if granted.
4. the town or its agents are authorized to order the immediate cessation of construction at anytime a violation of codes or regulations appears to occurred.
5. Any change in the use or occupancy must be approved prior to commencement of construction.
6. Cessation of work for periods of 180 continuous days shall also void this permit.
7. Permits are not transferable.

I herby 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 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 PERMIT HOLDER'S RESPONSIBILITY TO SCHEDULE THE INSPECTIONS AT LEAST 2 BUSINESS DAYS IN ADVANCE. TO SCHEDULE INSPECTIONS CALL AT (864)445-3522 BETWEEN THE HOURS OF 8:30 AM AND 5:00 PM MON-FRI.

_____ _____ Date: ___/___/____

Signature Of Contractor/ Authorized Agent/ Owner Address

_____ Date: ____/_____/_____

Approved By

Town Of Saluda Building Department
100 S. Jefferson St.
Saluda, SC 29138
Telephone (864)445.3522,
Email. clark@townofsaluda.com