Chester County, South Carolina
Department of Planning, Building & Zoning
1476 J.A. Cochran Bypass
Chester, SC 29706

_______________  

Permit Application  
Date: _______________  
ID#: ____________

Property Address: __________________________________________________  
Zoning District: ________

Property Owner: ________________________________  
Tax Map #: ____________________

Applicant: ________________________________________  
SC License #: _______________________

Applicant E-Mail Address: _____________________________________________

Applicant Telephone #: _________________________________  
Cell #: _____________________________

PLEASE LIST ALL SUB CONTRACTORS NAME AND SC LICENSE NUMBER ON SEPARATE PIECE OF PAPER AND SUBMIT WITH PERMIT APPLICATION

Type of Permit:

( ) New Building  ( ) Addition  ( ) Manufactured Home  ( ) Renovation  ( ) Moving  ( ) Grading

( ) Demolition  ( ) Occupancy  ( ) Sign  ( ) Plumbing  ( ) Mechanical  ( ) Electrical  ( ) Pool

Description of work:

__________________________________________________________________________________________

__________________________________________________________________________________________

Total Heated Square Feet: ___________  
Porch Sq Ft: _______________  
Garage Sq Ft: _______________

# of Stories: ________  
# of Bedrooms: ___________  
# of Baths: ____________  
# of ½ Baths: ____________

Foundation Type: _______________________________  
# of Plumbing Fixtures: _______________

Fireplace type: ________________________________ (example: gas, pellet or wood)

Power Company: ____________________________  
Gas Company: ____________________________

Public Water & Sewer or Well and Septic ____________________________

Total Cost of Job: ____________________________

Print Name: ________________________________  Signature: ____________________________

Phone: ________________________________  Cell #: ____________________________

Permit Void After 6 Months

No Refund After 30 Days