



ID Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

## PERMIT APPLICATION COUNTY OF DORCHESTER

TAX MAP NO.	ZONING	FLOOD ZONE
LOT NO.	BLOCK NO.	SECTION

Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Project Address \_\_\_\_\_

<b>Type of Permit</b>	Residential: <input type="checkbox"/> Building	Commercial: <input type="checkbox"/> Building
(Check all that applies)	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Mechanical
	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Plumbing
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Gas	<input type="checkbox"/> Gas
	<input type="checkbox"/> MFG Housing	<input type="checkbox"/> Demo
	<input type="checkbox"/> Demo	<input type="checkbox"/> Solar
	<input type="checkbox"/> Solar	<input type="checkbox"/> Fence
	<input type="checkbox"/> Fence	<input type="checkbox"/> Fire Suppression
	<input type="checkbox"/> Pool	<input type="checkbox"/> Fire Alarm
	<input type="checkbox"/> Electrical Safety	<input type="checkbox"/> Hood
	<input type="checkbox"/> Gas Safety	<input type="checkbox"/> Cell Tower
	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Construction Trailer
	<input type="checkbox"/> Mobile Home Detitlement	<input type="checkbox"/> Pool
	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Electrical Safety
	<input type="checkbox"/> Roof	<input type="checkbox"/> Gas Safety
	<input type="checkbox"/> Window Replacement	<input type="checkbox"/> Roof

<b>Use</b>	<input type="checkbox"/> Single Family
	<input type="checkbox"/> Single Family Attached
	<input type="checkbox"/> 5 or More Family Building
	<input type="checkbox"/> Accessory Dwelling
	<input type="checkbox"/> Accessory Structure
	<input type="checkbox"/> Modular
	<input type="checkbox"/> Alteration/Addition/Renovation
	<input type="checkbox"/> New Commercial Building
	<input type="checkbox"/> Structure Other Than Building

It is understood and agreed by the undersigned that the approval of this application **does not** constitute a privilege to violate or cancel the provisions of any federal, state or local laws regulating construction, or the performance of construction 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 Chief Building Official shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application.

The permit shall become null and void unless work is commenced within 180 days after its issuance, or if work is suspended or abandoned for a period of 180 days after the work is commenced, unless an extension is requested in writing stating a justifiable cause for such extension.

Total Contract Value \$ _____	1st Floor Heated Sq Ft _____
Electrical Contract Value \$ _____	2nd Floor Heated Sq Ft _____
Amperage _____	3rd Floor Heated Sq Ft _____
Plumbing Contract Value \$ _____	Unheated Sq Ft _____
# of Plumbing Fixtures _____	Garage Sq Ft _____
HVAC Contract Value \$ _____	Porch/Deck Sq Ft _____
Gas Contract Value \$ _____	Storage Area Sq Ft _____
# of Gas Taps _____	Habitable Attic Sq Ft _____
Elec/Gas Utility Provider _____	Number of Bedrooms _____
Water Type _____	Number of Bathrooms _____
Sewer Type _____	# of Fireplaces _____
Foundation Type _____	<b>TOTAL PERMIT FEE</b> _____

Signature of Owner (if owner is the builder) _____	
Contractor _____	Signature _____
Address _____	City, State _____
SC License # _____	County License # _____
Phone Number _____	E-mail Address _____