



# SPARTANBURG COUNTY RESIDENTIAL APPLICATION

**\*\*In the event of a refund or cancellation of a permit request, a \$32.00 administrative fee will be charged\*\***



PERMIT TYPE:  **NEW CONSTRUCTION**  **MODULAR**  **ADDITION/REMODEL**  **OTHER**

**SITE INFORMATION: PLEASE PRINT CLEARLY:**

ADDRESS OF CONSTRUCTION: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PARCEL #: \_\_\_\_\_ SUBDIVISON: \_\_\_\_\_ LOT: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

OWNER NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PROJECT INFORMATION:**

WORK DESCRIPTION: \_\_\_\_\_  
FRAME:  WOOD  OTHER: \_\_\_\_\_ \* FOUNDATION:  SLAB  CRAWL  OTHER: \_\_\_\_\_  
ROOF TYPE:  SHINGLE  OTHER: \_\_\_\_\_ \* **4 inch Pier & Curtain By Engineer Design & Submitted Before Inspection**  
EXTERIOR: \_\_\_\_\_ (VINYL, BRICK, HARDI PLANK, ETC)  
STORIES: \_\_\_\_\_ BATHROOMS: \_\_\_\_\_ BEDROOMS: \_\_\_\_\_ FIREPLACES: \_\_\_\_\_  BUILT  PRE-FAB  
**BONUS ROOM:**  YES  NO  FINISHED  UNFINISHED \_\_\_\_\_  
**BASEMENT:**  NO  PARTIAL  FULL  FINISHED  UNFINISHED **GARAGE:**  ATTACHED  DETACHED  NO  
TOTAL JOB COST: \$ \_\_\_\_\_ TOTAL SQFT: \_\_\_\_\_ \* **IF DETACHED, SEPARATE PERMIT IS REQUIRED**  
TOTAL SQFT: HEATED: \_\_\_\_\_ UNHEATED: \_\_\_\_\_ BASEMENT: \_\_\_\_\_ GARAGE: \_\_\_\_\_ PORCH: \_\_\_\_\_

**UTILITIES:**

POWER REQUIRED:  YES  NO ELECTRICAL COMPANY: **(REQUIRED)** \_\_\_\_\_  
SERVICE:  NEW  UPGRADE  EXISTING TOTAL AMPS: \_\_\_\_\_  
GAS COMPANY: \_\_\_\_\_ \* **HIGH PRESSURE SYSTEM**  YES  NO\*  
HEAT SOURCE:  ELECTRIC  GAS  OTHER \_\_\_\_\_ AIR CONDITIONING:  YES  NO  
**WATER:**  WELL  PUBLIC **SEWER:**  NEW  EXISTING **SEPTIC**  NEW  EXISTING

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

DIRECTIONS LEAVING OUR OFFICE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*OWNER/AGENTS ARE RESPONSIBLE FOR CHECKING ANY DEED RESTRICTIONS AND COVENANTS\*\*\***

APPLICANT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_



Spartanburg County Building Codes Department  
366 North Church Street, Room 500  
Spartanburg, South Carolina 29303  
Phone (864) 596-2727 Assistance



# CERTIFICATION

## OF

### CONSTRUCTION COST

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Location of Project: \_\_\_\_\_

(A) Cost per square foot: \_\_\_\_\_

(B) Total square footage: \_\_\_\_\_

(C) Total Project cost (A x B): \_\_\_\_\_

I hereby certify that the foregoing information is true and correct to the best of my knowledge, information and belief.

\_\_\_\_\_  
Company Name

OR

\_\_\_\_\_  
Individual Signature

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Individual Printed Name

\_\_\_\_\_  
Printed Name

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

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