



SPARTANBURG COUNTY COMMERCIAL APPLICATION
366 N. CHURCH ST * ROOM 500 * SPARTANBURG * SC* 29303

APPROVED BY: _____ DATE: _____
PLAN REVIEW APPROVAL

- Septic/Sewer _____
- Mechanical _____
- Electrical _____
- Plumbing _____
- Other _____

PERMIT TYPE: COMMERCIAL MODULAR OTHER _____

SITE INFORMATION: PLEASE PRINT CLEARLY:

ADDRESS OF CONSTRUCTION: _____
CITY: _____ STATE: _____ ZIP: _____
PARCEL #: _____ FIRE DISTRICT: _____ SPRINKLER REQUIRED? YES NO

PROPERTY OWNER INFORMATION:

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

PROJECT INFORMATION:

PROJECT NAME: _____
WORK DESCRIPTION: _____
 NEW CONSTRUCTION ADDITION ACCESSORY USE INTERIOR UPFIT OTHER _____
FRAME: STEEL OTHER: _____ FOUNDATION: SLAB CRAWL OTHER: _____
ROOF TYPE: METAL OTHER: _____ # OF UNITS/ TENANTS _____ TYPE OF OCCUPANCIES _____
EXTERIOR: _____ (METAL, BRICK, ETC) CONSTRUCTION TYPE: _____
STORIES: _____ BATHROOMS: _____ BEDROOMS: _____
TOTAL SQFT: HEATED: _____ UNHEATED: _____ **TOTAL SQFT:** _____

UTILITIES:

POWER REQUIRED: YES NO ELECTRICAL COMPANY: (REQUIRED) _____
SERVICE: NEW UPGRADE EXISTING TOTAL AMPS: _____
GAS COMPANY: _____ HEAT SOURCE: ELECTRIC GAS OTHER
WATER: WELL PUBLIC SEPTIC NEW EXISTING SEWER: NEW EXISTING
**SEWER COMPANY: _____

****ANY PROJECT SUPPLIED BY SPARTANBURG SANITARY SEWER DISTRICT (SSSD) REQUIRES THAT YOU MEET WITH THEIR STAFF CONCERNING YOUR PROJECT BEFORE PERMITTING BY SPARTANBURG COUNTY BUILDING CODES**

SSSD ADDRESS IS 1450 SOUTHPORT RD SPARTANBURG SC 29306

*****You Must Attached a copy of ALL license and a Company Letter head (stating that they are doing the work) for ALL contractors listed below*****

CONTRACTOR INFORMATION

Email of Contractor/Architect:

General Contractor:

Address _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Total Job Cost: _____

Mechanical Contractor:

Address: _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Job Cost: _____

Electrical Contractor:

Address: _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Job Cost: _____

Plumbing Contractor:

Address: _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Job Cost: _____

DIRECTIONS LEAVING OUR OFFICE:

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

APPLICANT SIGNATURE PRINT NAME DATE

****Application must be submitted with 2 sets of drawing.
The application must be completely filled out including all
Contractor information before it can be submitted for approval*
The Plan Reviewer will call when Approved and ready to permit**

PLAN REVIEW FEE WILL BE 1/2 OF ALL PERMITS FEE





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: _____