



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



****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 #: _____ SUBDIVISION: _____ 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
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 #:** _____
ELEC: _____ **LICENSE #:** _____ **MECH:** _____ **LICENSE #:** _____
PLUMBING: _____ **LICENSE #:** _____ **OTHER:** _____ **LICENSE #:** _____

*****You will need to provide a Copy of their license & a letter on their company letter head stated that they are doing the work on this job.*****

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.

OR

Company Name

Individual Signature

By: _____
Signature

Individual Printed Name

Printed Name

Date: _____

Date: _____

*****NOTE*****

If permits are applied and are not picked up within 2 weeks of applied date, A \$32.00 fee maybe charged.