

# SALUDA COUNTY BUILDING APPLICATION

DATE OF APPLICATION \_\_\_\_\_ PERMIT # \_\_\_\_\_

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

Project Location (911 address): \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Owner Drivers License# \_\_\_\_\_

Applicant: \_\_\_\_\_ [ ] Owner [ ] Contractor [ ] Architect

Applicant Address \_\_\_\_\_  
Street City State Zip

Applicant Phone # (\_\_\_\_) \_\_\_\_\_

State Contractor License # \_\_\_\_\_ Type \_\_\_\_\_ Drivers License #/State \_\_\_\_\_  
(Provide copy of licenses for file & a copy of all sub-contractors working on the job)

E-MAIL ADDRESS: \_\_\_\_\_

**OCCUPANCY TYPE** \_\_\_\_\_ **CONSTRUCTION TYPE** \_\_\_\_\_  
A-ASSEMBLY B-BUSINESS E-EDUCATIONAL I II III IVU IVP VU UP VIU VIP  
F-FACTORY H-HAZARDOUS I-INSTITUTIONAL  
M-MERCANTILE R-RESIDENTIAL S-STORAGE  
U-UTILITY

Heated Square Footage \_\_\_\_\_  
Unheated SQ/Ft. \_\_\_\_\_  
*Unless pre-existing:*  
**SEPTIC TANK APPROVAL DATE** \_\_\_\_\_  
(Approval copy to be provided once system is installed)

[ ] New [ ] Renovation [ ] Repairs [ ] Addition **WELL PERMIT #** \_\_\_\_\_  
(Copy to be provided) (Number)

Describe construction/work to be performed under permit: \_\_\_\_\_

Sets of Construction documents/plans are required. Architectural and Engineer Plans with seals are required for Assembly, Institutional, Educational and Hazardous Occupancies.

Date Plans Received \_\_\_\_\_ Date Plans Approved \_\_\_\_\_

POWER COMPANY \_\_\_\_\_ NAME ON ACCOUNT AT POWER CO \_\_\_\_\_  
(SCE&G MCEC AIKEN CO-OP)

**TOTAL VALUATION (COST) OF PROPOSED WORK:** \_\_\_\_\_  
(Permit fee based on valuation)

*I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of Laws and Ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. IT IS THE LICENSED CONTRACTOR'S RESPONSIBILITY TO SIGN & COMPLETE APPLICATION-NOT THE OWNER-WHEN A LICENSED CONTRACTOR IS PERFORMING THE WORK DESCRIBED ABOVE  
IT IS THE PERMIT HOLDER'S RESPONSIBILITY TO SCHEDULE THE INSPECTION AT LEAST 2 BUSINESS DAYS IN ADVANCE. TO SCHEDULE AN INSPECTION CALL (864) 445-0000 ext2272 BETWEEN THE HOURS OF 8:30 AM AND 5:00 PM MON.-THURS AND 8:30 AM-4PM ON FRIDAYS.*

\_\_\_\_\_  
(SIGNATURE OF CONTRACTOR/AUTHORIZED AGENT/OWNER) DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(APPROVED BY) DATE \_\_\_\_/\_\_\_\_/\_\_\_\_