CITY OF ANDERSON BUILDING & CODES

PERMIT APPLICATION

Municipal Business Center
601 S. Main Street, Anderson, SC 29624
864-231-2217 (phone) / 864-225-6617 (fax)

JOB INFORMATION:

Date:_____ TMS #_____

Address:_____ Lot #_____

Owners Name:_____ Owner's Phone_____

Owners Address: _____

Name of Architect or Engineer_____

ZONING:

Current Zoning:_____ Historic District:_____

Setbacks: Front_____ Side_____ Rear_____

Corner lot requires two (2) front yard setbacks. (Zoning Approval _____)

BUILDING: **CONTRACT/JOB COST:** _____

Use: Single Family _____ Dimensions: Sq Ft_____ Type of Work: New Building_____

Multi Family_____ # Stories_____ Addition _____

Duplex _____ Height _____ Alteration _____

Retail/Office_____ Sprinkler System ___yes ___no Repair _____

Hospital _____ Occupancy Type_____

Church/School_____ Construction Type:_____ Contract _____

Spec _____

Description of Job/Work:

Square Footage of addition or new structure:_____

For New Construction: # Rooms_____ #Baths_____ #Stories_____

ELECTRICAL: **CONTRACT/JOB COST:** _____

Commercial_____ Residential_____

New Service _____ Additional Wiring_____ Rewiring _____

Additional Service_____ Swimming Pool_____ Temporary Pole _____

Description of Job/Work:

Building Permit Number (if applicable)_____

PLUMBING: **CONTRACT/JOB COST:**_____

Commercial_____ Residential_____ **# FIXTURES** _____

Description of Job/Work:

Building Permit Number (if applicable)_____

MECHANICAL/GAS: **CONTRACT/JOB COST:**_____

Commercial_____ Residential_____

New Service_____ Alteration_____ Addition _____ Repair_____

Description of Job/Work:

_____

Building Permit Number (if applicable)_____

MISCELLANEOUS PERMIT: (Demolition, Grading, Moving, Temporary Non-Residential Use)

Permit Type_____ **CONTRACT/JOB COST:**_____

Description of Job/Work:

_____

For Grading Permit, please provide the # of acres _____

RESIDENTIAL PROPERTY OWNER DOING OWN WORK:

This is to certify that I am the owner and will be the sole occupant of the property for two years after issuance of the Certificate of Occupancy for which this permit application is being made. By signing this application, I am stating that I will be performing this work myself and, therefore, am solely responsible for any and all work that is performed at this address. I also agree to be on the job site at any time that work is being performed and understand that all required inspections are to be properly requested and completed before any work is concealed. All subcontractors used on this project must obtain necessary permits and/or business license. VIOLATION OF ANY PART OF THIS AGREEMENT SHALL VOID ALL PERMITS.

Print Name of Property Owner _____ Date_____

Sign Name of Property Owner _____ Phone _____

Email Address _____

**Is this a rental property? (circle) yes no

If this is a rental property, South Carolina law states that all work **MUST be performed by a licensed contractor.

CONTRACTOR:

Business Name_____

Address_____

Telephone_____ Mobile_____ Fax_____

Email Address_____

CITY OF ANDERSON BUSINESS LICENSE # _____ EXPIRES_____

State License Agency (Please Check One):

South Carolina Contractors Licensing Board_____ State License Classification_____

South Carolina Residential Builders Commission _____ State License Number_____

By signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all the information provided is true. I further understand that if any information provided is found to be incomplete, incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of pertinent related state laws and local ordinances.

Print_____ **Sign**_____

Date_____ **Authorization to Inspect**_____**(Initial)**

Revised 11/1/12 (Business License Approval_____)