

CITY OF ANDERSON BUILDING & CODES
PERMIT APPLICATION
401 S. Main St. (mailing) * 601 S. Main St. (physical)
Anderson, SC 29621
864-231-2217 (phone) 864-225-6617 (fax)

JOB INFORMATION:

Date: _____ TMS # _____

Address: _____ Lot # _____

Owners Name: _____ Owners Phone # _____

Owners Address: _____

BUILDING:

Use: Single Family _____
Multi Family _____
Duplex _____
Retail/Office _____
Hospital _____
Church/School _____

CONTRACT/JOB COST:

Type of Work: New Building _____
Addition _____
Alteration _____
Repair _____

Description of Job/Work: _____

Construction Type: Contract _____
Spec _____

Square Footage of addition or new structure: _____

For New Construction:

Rooms _____ #Bath _____ #Stories _____

ELECTRICAL:

Commercial _____
New Service _____
Additional Service _____

CONTRACT/JOB COST:

Residential _____
Additional Wiring _____ Rewiring _____
Swimming Pool _____ Temporary Pole _____

Description of Job/Work: _____

Building Permit Number (If applicable) _____

PLUMBING:

Commercial _____
Description of Job/Work: _____

FIXTURES:

CONTRACT/JOB COST: _____
Residential _____

Building Permit Number (If applicable) _____

MECHANICAL/GAS:

Commercial _____
New Service _____
Description of Job/Work: _____

CONTRACT/JOB COST:

Residential _____
Alteration _____ Addition _____ Repair _____

Building Permit Number (If applicable) _____

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

Permit Type _____ Contract/Job Cost _____
Description of Job/Work: _____

For Grading Permit, please provide the # of acres _____ # Acres _____

PROPERTY OWNERS DOING OWN WORK:

This is to certify that I am the owner and occupant of the property 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 inspections will have to be made before any work is covered. 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 Property Owner _____ Date _____
Sign Property Owner _____ Telephone _____

*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 _____

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	_____
Municipal Association of South Carolina	_____	MASC Number	_____

Architect _____ Telephone _____ Fax _____

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 incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.

Print _____ Sign _____
Date _____
