

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:

For New Construction: # Rooms _____ #Baths _____ #Stories _____

Square Footage of addition or new structure: _____ (Water/Sewer Approval _____)

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 and removal of all construction debris. 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)