

# SALUDA COUNTY RESIDENTIAL BUILDING APPLICATION

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

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

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

Tax Map Number: \_\_\_\_\_

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

Applicant Address \_\_\_\_\_

Street City State Zip

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

State Contractor License # \_\_\_\_\_ Type \_\_\_\_\_

(Provide copy of licenses for file & a copy of all sub-contractors working on the job)

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

[ ] NEW [ ] REMODEL [ ] ADDITION [ ] REPAIR [ ] DEMOLITION [ ] AGRICULTURAL

OCCUPANCY TYPE \_\_\_\_\_ Heated Sq. Ft.: \_\_\_\_\_

A-ASSEMBLY B-BUSINESS E-EDUCATIONAL  
F-FACTORY H-HAZARDOUS I-INSTITUTIONAL  
M-MERCANTILE R-RESIDENTIAL S-STORAGE  
U-UTILITY

Unheated Sq. Ft.: \_\_\_\_\_

*Unless pre-existing:*

SEPTIC TANK APPROVAL DATE \_\_\_\_\_ WELL PERMIT# \_\_\_\_\_

(Approval copy to be provided once system is installed).

(Copy to be provided). (Number)

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

POWER COMPANY [ ] DOMINION [ ] MCEC [ ] AIKEN CO-OP [ ] OTHER \_\_\_\_\_

NAME ON ACCOUNT AT POWER CO \_\_\_\_\_

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) 445-4500 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 \_\_\_\_/\_\_\_\_/\_\_\_\_