

Florence, South Carolina

One and Two Family Residential Building Permit Application

218 W. Evans St., Florence, SC 29501 (P) 843-676-8600 (F) 843-676-8613
 345 S. Ron McNair Blvd., Lake City, SC 29560 (P) 843-394-8373 (F) 843-394-5563

Jurisdiction:

City of Florence Florence County Johnsonville Lake City Olanta Pamplico Quinby Scranton Timmonsville

1. Owner: _____

Name	Address	Phone(s)
------	---------	----------
2. Project: Location of Project _____ Project Name _____

Location Address _____	Subdivision _____
Tax Map/Block/Parcel _____	Lot # _____
3. Contractor: Name _____ Address _____

Phone(s) _____	License # _____	
----------------	-----------------	--
4. Architect/Designer: Name _____ Address _____

Phone(s) _____	State Registration # _____
	City _____ State _____
5. Engineer: Name _____ Address _____

Phone(s) _____	State Registration # _____
----------------	----------------------------
6. Class of Work: New Addition Alteration Repair/Replace Foundation Only
 Other _____
7. Type Structure: Single Family Detached Single Family Attached Townhouse
 Patio Home Duplex Accessory Other
8. Description of Work: (Please specify work to be performed)

9. Utility Provider: Progress Energy Pee Dee Electric Cooperative Santee Electric Cooperative, Inc.
10. Structure: No. of Stories _____ Heated Sq. Ft. _____ Unheated Sq. Ft. _____

No. of Bedrooms _____	No. of Bathrooms _____	No. of Rooms _____
-----------------------	------------------------	--------------------

 Fireplace Basement Carport Garage Porch Deck
 Ext. Material _____ Frame Type _____ Type Heating _____
11. Land Disturbance:
 Will there be any fill dirt brought to lot? Yes No
 Will there be any excavation or dirt removed from the lot? Yes No
 Will all erosion control measures be in place? Yes No
12. Value: Valuation _____ Cost of Construction _____

I, the undersigned, hereby certify that I have read the condition statements and this application and I am authorized by the property owner to make application for and obtain a permit from Florence County.
THIS IS NOT A PERMIT. Approval is granted only upon receipt of the permit.

Print Name	Signature	Status	Date
------------	-----------	--------	------

Effective September 18, 2006

Continued on Back

A. Temporary Electrical Connection: _____ Initial

I understand the conditions established for the connection of temporary electrical power.

B. Subcontractors: Principal subcontractors for this project are

- 1) Electrical _____
Name of business/License holder
- 2) Plumbing _____
Name of business/License holder
- 3) Mechanical _____
Name of business/License holder
- 4) Gas _____
Name of business/License holder

C. Conditions:

- 1) All subcontractors shall have the proper business and specialty licenses.
- 2) No work can occur until permit card is posted in a conspicuous place on the site.
- 3) Work must start within six months or permit is VOID.
- 4) Temporary electrical power will only be approved when address numbers are placed and appropriate structures are in place. No one may occupy the structure until a Certificate of Occupancy is issued, handicap accessibility standards are met, and all items are in place to adequately protect the work, adjacent property, and the public. The utility company and Florence County will be held harmless against any and all losses and claims by reason of injury or loss in connection with interim power.

Initial

Date

Staff Only

D. Required Information:	(X)	Initial	Date	E. Building Permit Approval
Application				1. Elevation Certificate <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Subcontractor List				2. Plans Review <input type="checkbox"/> Approved _____ initial
Public Water/Sewer Tap Fee				<input type="checkbox"/> Denied _____ initial
Private Water Permit/Septic Tank Permit				3. Permit <input type="checkbox"/> Approved _____ initial
Two (2) Sets of Plans				<input type="checkbox"/> Denied _____ initial
Site Plan Drawn to Scale with Structure Location				4. Issued _____ Date
Zoning Compliance Form				
Elevation Certification				
Owner Disclosure Statement				
Accessory Building Information				
Moving Permit				

E. Setbacks: Front _____ Int. side _____ Rear _____
Ext. side _____

F. Zoning District _____

Comments/Additional Information (if required):