

Application for Permit - P O Drawer 9, Port Royal South Carolina

Permit Number _____	Permit Fee _____	Date Issued _____
Owner: _____ Address: _____ Phone _____ E-mail _____	Contractor: _____ Address _____ Phone _____ State License # _____ Business License Number _____	Electrician: _____ Address _____ Phone _____ State License # _____ Business License Number _____
Plumber: _____ Address _____ Phone _____ State License # _____ Business License Number _____	Mechanical: _____ Address _____ Phone _____ State License # _____ Business License Number _____	Architect: _____ Address _____ Phone _____ State License # _____ Business License Number _____

Site Location D/M/P _____ Address _____

Flood Zone _____

Check All That Apply

PERMIT TYPE <input type="checkbox"/> Building <input type="checkbox"/> Demolition <input type="checkbox"/> Moving <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical (HVAC)	PURPOSE <input type="checkbox"/> Build Multi Unit Housing <input type="checkbox"/> Expand Commercial Building <input type="checkbox"/> Expand Multi Fam Res. <input type="checkbox"/> Expand Out Building <input type="checkbox"/> Expand Single Family <input type="checkbox"/> Expand Transient Accom. <input type="checkbox"/> Fence	<input type="checkbox"/> New Commercial Build <input type="checkbox"/> New Multi Fam Res. <input type="checkbox"/> New Mobile Home <input type="checkbox"/> New Out Building <input type="checkbox"/> New Single Fam Res. <input type="checkbox"/> New Transient Accom. <input type="checkbox"/> Repair/Remodel Comm.	<input type="checkbox"/> Repair/Remodel Multi Fam <input type="checkbox"/> Repair/Remodel Outbuilding <input type="checkbox"/> Repair/Remodel Single Fam. <input type="checkbox"/> Repair/Remodel Transient <input type="checkbox"/> Place Used Mobile Home <input type="checkbox"/> Other
TYPE OF FRAME <input type="checkbox"/> Wood <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____	DIMENSIONS Number of Stories _____ Number of Bathrooms _____ Number of Bedrooms _____ Total Square Feet _____	HVAC <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <input type="checkbox"/> Central AC <input type="checkbox"/> Elevator	OWNERSHIP <input type="checkbox"/> Private <input type="checkbox"/> Public WASTE DISPOSAL SYSTEM <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank
Lot Square Footage _____ Impervious Surface _____ Pervious Surface _____	WALLS <input type="checkbox"/> Drywall <input type="checkbox"/> Paneling <input type="checkbox"/> Other _____	FLOORS <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	PROJECT DESCRIPTION

Cost Data

Building \$ _____ Electrical \$ _____ Total Cost of Construction \$ _____
 Plumbing \$ _____ HVAC \$ _____

It is understood and agreed by the undersigned owner or agent and contractor (if applicable) that the approval of this application does not constitute a privilege to violate the building code, zoning ordinance, or other ordinances of the Town of Port Royal, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without the approval of the building official shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application. The owner as listed above will be held legally liable for any violations which may occur with or without his knowledge. The owner shall be allowed to request a Certificate of Occupancy when all inspections have been approved.

Owner and/or Agent _____

Contractor _____

Date _____

