Chester County, South Carolina
Department of Planning, Building & Zoning
1476 J.A. Cochran Bypass
Chester, SC 29706

Permit Application **Date**: _____ **ID#:** _____

Property Address: _____ **Zoning District:** _____

Property Owner: _____ **Tax Map #:** _____

Applicant: _____ **SC License #:** _____

Applicant E-Mail Address: _____

Applicant Telephone #: _____ **Cell #:** _____

PLEASE LIST ALL SUB CONTRACTORS NAME AND SC LICENSE NUMBER ON SEPARATE PIECE OF PAPER AND SUBMIT WITH PERMIT APPLICATION

Type of Permit:

( ) New Building ( ) Addition ( ) Manufactured Home ( ) Renovation ( ) Moving ( ) Grading ( ) Demolition ( ) Sign
( ) Plumbing ( ) Mechanical ( ) Electrical ( ) Pool **Description of Work:**

_____
_____
_____

Total Heated Square Feet: _____ **Porch Sq Ft:** _____ **Garage Sq Ft:** _____ **# of stories** _____

# of Bedrooms: _____ **# of Baths:** _____ **# of ½ Baths:** _____ **Foundation Type:** _____

# of Plumbing Fixtures: _____ **Fireplace Type: (gas pellet or wood) power Company:** _____

Gas Company: _____ **Public Water & Sewer or Well and Septic** _____

Total Cost of Job: _____

***** Acknowledgement of SC 6-29-1145 ***** Is this parcel of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity that is being applied for? Yes: _____ No: _____

***** General Acknowledgement***** I 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 violations of other related state laws and ordinances.

_____ _____ _____
Print Applicant's Name Applicant's Signature Date

Permit void after 6 months ~ No Refunds after 30 Days

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.