



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 Occupancy 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 1/2 Baths:** _____

Foundation Type : _____ **# of Plumbing Fixtures:** _____

Fireplace type: _____ (example: gas, pellet or wood)

Power Company: _____ **Gas Company:** _____

Public Water & Sewer or Well and Septic _____

Total Cost of Job: _____

Print Name: _____ **Signature:** _____

Phone: _____ **Cell #:** _____

Permit Void After 6 Months

No Refund After 30 Days