

PICKENS COUNTY BUILDING CODES ADMINISTRATION PERMIT APPLICATION

222 McDaniel Ave., B-10, Pickens SC 29671

PHONE NUMBER: (864) 898-5950 FAX (864) 898-5580

OWNERS NAME/ADDRESS

PERMIT NUMBER

ACCOUNT #

PARCEL #

NAME:
ADDRESS:
PHONE:

PERMIT NUMBER

ACCOUNT #

PARCEL #

DATE / ISSUED BY

ACTIVE/INACTIVE

PERMIT TYPE

SEPTIC TANK #

DATE / ISSUED BY

ACTIVE/INACTIVE

PERMIT TYPE

SEPTIC TANK #

Street # Street Dir Street Name Street Type No # City Zip Subdivision Lot #

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VERIFIED BY MINIMUM C/L ROAD FRONT TOTAL FRONT SIDE REAR SIDE CORNER FLOOD PLAIN ELECTRIC PROVIDER ZONE GRID TAX DISTRICT

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REASON FOR PERMIT

REASON FOR PERMIT PRIVATE DRIVE No setbacks

CONTRACTOR'S NAME:	SQUARE FEET	CODES VALUE	CONTRACTOR VALUE	INSPECTIONS				
				POOL PERMIT	BUILDING PERMIT	OWNER	CONTRACTOR	DATE
BUSINESS NAME:	MAIN FLOOR S/F @\$70			FOOTER				
LICENSE NUMBER:	2 ND FLOOR S/F @ \$70			SLAB				
HOME/OFFICE PHONE:	3 RD FLOOR S/F @ \$70			FOUNDATION WALL				
MOBILE PHONE:	BASEMENT S/F @ \$70			FOUNDATION DRAINAGE				
MAILING ADDRESS:	UNFINISHED BASEMENT S/F @ 35			FRAMING				
NUMBER BEDROOMS: <input type="checkbox"/>	GARAGE/CARPORT S/F @ \$29			T.P.P.				
NUMBER BATHROOMS: <input type="checkbox"/>	METAL /POLE/DECKS BUILDING S/F @ \$12			ELECTRICAL				
FIREPLACE <input type="checkbox"/> MASONRY <input type="checkbox"/>	TOTAL			FENCE/BARRIER				
				FINAL INSPECTION				

PERMIT FEE

PERMIT FEE

COMPLETE WHITE AREA ONLY

I hereby certify that the statements in this application are true and correct and that the property owner has given permission for this work to proceed. I further certify that all provisions of laws, ordinances, and setbacks governing this type of work will be complied with whether specified herein or not. It is a violation of the codes to move in before you receive a Certificate of Completion.

SIGNATURE OF CONTRACTOR /OWNER

DATE

**NOTE: JOB SITE MUST COMPLY WITH OSHA SAFETY STANDARDS
THIS PERMIT EXPIRES 6 MONTHS FROM DATE ISSUED.**