



COUNTY OF PICKENS

www.co.pickens.sc.us
Building Codes Administration

PERMIT WORKSHEET

Owner: _____

Tax Map Number: _____

Mailing Address: _____

Project Address: _____

Contractor: _____

Address: _____

Phone Number: _____

Email Address: _____

License #: _____

Total Contract Value: _____

Type of Permit:

Residential

Commercial

Reason for Permit: _____

1st Floor Sq Ft: _____

Finished Basement Sq Ft: _____

2nd Floor Sq Ft: _____

Unfinished Basement Sq Ft: _____

3rd Floor Sq Ft: _____

Bonus Room Sq Ft: _____

Garage Sq Ft: _____

Porch / Deck Sq Ft: _____

Metal / Pole Building Sq Ft: _____

of Bedrooms: _____ # of Bathrooms: _____ # of Fireplaces: _____

of Plumbing Fixtures: _____

Electric Provider: _____

Septic Tank #: _____

Signature of Contractor / Owner: _____ Date: _____