



# PERMIT APPLICATION CITY OF GOOSE CREEK, SOUTH CAROLINA

Office Use Only: Permit Numbers	
_____ X _____	_____ E _____
_____ B _____	_____ M _____
_____ G _____	_____ SP _____
_____ P _____	_____ DP _____
BL# _____	

Street Address _____	Construction Group/Classification _____
Tax Map Number _____	Lot _____ Block _____ Subdivision _____
Property Owner _____	Phone _____
Contractor _____	Phone _____
Address _____	Contractor's State License # _____
Owner Email _____	Contractor Email _____

**Scope of Work** (Please use reverse side of this form for a detailed description of work) over →

Use of Improvement  Single Family  Duplex  Apartment  Commercial  Other \_\_\_\_\_

1<sup>st</sup> Floor Heated Sq. Ft. \_\_\_\_\_ 2<sup>nd</sup> Floor Heated Sq. Ft. \_\_\_\_\_ 3<sup>rd</sup> Floor Heated/Unheated(please circle) Sq. Ft. \_\_\_\_\_

Garage Sq. Ft. \_\_\_\_\_ Attached/Detached (please circle) Heated/Unheated(please circle) Room Over Garage Sq. Ft. \_\_\_\_\_

Carport Sq. Ft. \_\_\_\_\_ Porch Sq. Ft. \_\_\_\_\_ Patio Sq. Ft. \_\_\_\_\_

Number of: Baths \_\_\_\_\_ Bedrooms \_\_\_\_\_ Fireplace \_\_\_\_\_ Rooms \_\_\_\_\_ Stories \_\_\_\_\_ Units \_\_\_\_\_

Type of Fuel:  Electric - #Amps \_\_\_\_\_  Gas - # Outlets \_\_\_\_\_ Outlet Type: Range/H2O/Heat/Fire/Grill/Other

Cost of: Mechanical \$ \_\_\_\_\_ Land \$ \_\_\_\_\_ Construction \$ \_\_\_\_\_

### OFFICE USE ONLY

Primary Structure (sq. ft. \_\_\_\_\_ )

Cost per sq. ft. \$ \_\_\_\_\_ Construction value \$ \_\_\_\_\_

Secondary Structure (sq. ft. \_\_\_\_\_ )

Cost per sq. ft. \$ \_\_\_\_\_ Construction value \$ \_\_\_\_\_

**Application Fee (Non-refundable) \$ 25.00**

**PERMIT FEES**

Primary Structure Permit Fee	\$ _____
Primary Structure Plan Review Fee	\$ _____
Secondary Structure Permit Fee	\$ _____
Secondary Structure Plan Review Fee	\$ _____
Impact Fee Res/Multi - Other	\$ _____
Impact Fee Com/Off/Ind sq. ft. _____	\$ _____
Electrical Permit Fee	\$ _____
Plumbing Permit Fee	\$ _____
_____ sq. ft. x 2.30 = _____	Construction Value
Mechanical Permit Fee	\$ _____
Gas Permit Fee	\$ _____
Pool Permit Fee	\$ _____
Dumpster Fee	\$ _____
<b>Total Fee Due</b>	<b>\$ _____</b>

Notes:

**ART FUND CONTRIBUTION**

Required  Not Required

Contribution Amount \$ \_\_\_\_\_

Art on Site

Payment to Fund

Art on Site and Payment to Fund

Zoning Administrator \_\_\_\_\_ Date \_\_\_\_\_

Date of ARB Approval \_\_\_\_\_

Building Inspector \_\_\_\_\_ Date \_\_\_\_\_

Permit Technician \_\_\_\_\_ Date \_\_\_\_\_

Scope of Work \_\_\_\_\_

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Are there recorded covenants and restrictions for this property (ex: HOA) Yes \_\_\_\_\_ No \_\_\_\_\_

Do these covenants and restrictions prohibit any of the features being constructed per this permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Windows –DP Rating: \_\_\_\_\_ # Windows Replaced: \_\_\_\_\_ #Doors Replaced: \_\_\_\_\_

Reroof Color and/or Style Change: Yes/No If yes, please explain: \_\_\_\_\_

HVAC Changeout: Yes/No Location of Exterior System: \_\_\_\_\_

Demolition: Yes \_\_\_ No \_\_\_ If yes, Attach copy of Asbestos Survey and DHEC Demolition Permit

Fire Sprinkler System: Yes \_\_\_ No \_\_\_ If yes, Attach State Fire Marshall approved plans to this application

**DEMOLITION PERMIT INFORMATION**

**ASBESTOS:**

S.C. DHEC Regulation 61-86.1 states that prior to commencing demolition or major renovations of regulated facilities or structures, contact the S.C. DHEC Asbestos Section to determine if there are any asbestos abatement requirements that would require permitting through their offices. For more information visit S.C. DHEC at 803-898-4289

**LEAD PAINT:**

Before commencing demolition, contact the Land and Waste Management of S.C. DHEC 803-896-4203 to determine identification and disposal requirements for lead contaminate construction waste.

I understand and acknowledge this information. Initial: \_\_\_\_\_

*Applicant Certification*

I \_\_\_\_\_ understand that if my scope of work changes in any way after the submittal and approval of this permit, I must contact the Building Permits Department for additional permits. If I perform work not permitted under this permit or another permit issued to me, a stop work order will be placed on the site of construction and all work will cease until proper permits are obtained. Permit becomes void if work authorized is not begun and/or completed within six months of the permit issue date. I have examined this application and certify it to be true and correct. I agree the work will be accomplished in accordance with all city, state, and federal codes or laws regulating construction or the performance thereof.

\_\_\_\_\_  
Signature of Contractor/Agent/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title