

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						
-						
	Phone					
	Phone					
	Contractor's State License # mail Contractor Email					
Owner Email	Contractor E	maıl				
Scope of Work (Please use rev	erse side of this form for a detailed	descript	ion of work)		$over \rightarrow$	
Use of Improvement ☐ Single Far	mily □ Duplex □ Apartment □	Comme	cial 🗆 Othe	er		
1 st Floor Heated Sq. Ft 2 nd	Floor Heated Sq. Ft3 rd l	Floor Hea	ated/Unheated	l(please circle)	Sq. Ft	
Garage Sq. Ft Attached/Det	ached (please circle) Heated/Unheat	ed(please	circle) Room	Over Garage S	Sq. Ft.	
Carport Sq. Ft Porc	_	_		C	1	
Number of: Baths Bed				tories	Units	
Type of Fuel: ☐ Electric - #Amps						
Cost of: Mechanical \$						
Cost of . Mechanical \$						
	OFFICE USE O					
Primary Structure (sq. ft.)					
Cost per sq. ft. \$ Construction	on value \$	_	Notes:			
Secondary Structure (sq. ft.)					
Cost per sq. ft. \$ Construction	on value \$	_				
Application Fee (Non-refundable)	\$ 25.0	<u>o</u>				
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.	<u> </u>	_ L				
Electrical Permit Fee	\$	_				
Plumbing Permit Fee	\$	_				
sq. ft. x 2.30 =	Construction Value					
Mechanical Permit Fee	\$	_	Zoning Administ	rator	Date	
Gas Permit Fee	\$	_ I	Date of ARB Ap	proval		
Pool Permit Fee	\$	_	Building Inspect	or	Date	
Dumpster Fee	\$		Permit Technicia	ın	Date	
Total Fee Due	\$	_				

Scope of Work	
Are there recorded covenants and restrictions for this prope	orty (ex. HOA). Ves. No.
	res being constructed per this permit? Yes No
	#Doors Replaced:
Reroof Color and/or Style Change: Yes/No If yes, please explain	in:
HVAC Changeout: Yes/No Location of Exterior System:	
Demolition: Yes No If yes, Attach copy	y of Asbestos Survey and DHEC Demolition Permit
Fire Sprinkler System: Yes No If yes, Attach State	e Fire Marshall approved plans to this application
DEMOLITION	N PERMIT INFORMATION
	g demolition or major renovations of regulated facilities or structures, contact absbestos abatement requirements that would require permitting through their 89
LEAD PAINT:	
Before commencing demolition, contact the Land and Waste M disposal requirements for lead contaminate construction waste.	Management of S.C. DHEC 803-896-4203 to determine identification and .
I understand and acknowledge this information. Initial:	<u> </u>
Appl	licant Certification
	derstand that if my scope of work changes in any way after the
work not permitted under this permit or another per contruction and all work will cease until proper permit and/or completed within six months of the permit issu	the Building Permits Department for additional permits. If I perfor rmit issued to me, a stop work order will be placed on the site is are obtained. Permit becomes void if work authorized is not begue date. I have examined this application and certify it to be true are ccordance with all city, state, and federal codes or laws regulating
Signature of Contractor/Agent/Owner	
	
Title	