



PERMIT APPLICATION CITY OF GOOSE CREEK, SOUTH CAROLINA

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

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

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 _____

1st Floor Heated Sq. Ft. _____ 2nd Floor Heated Sq. Ft. _____ 3rd 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 \$ _____

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Primary Structure (sq. ft. _____)

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

Secondary Structure (sq. ft. _____)

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

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 \$ _____

Total Fee Due \$ _____

Notes:

Zoning Administrator _____ Date _____

Date of ARB Approval _____

Building Inspector _____ Date _____

Permit Technician _____ Date _____

Scope of Work _____

Are there recorded covenants and restrictions for this property? 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 Attach copy of DHEC Demolition/Renovation Permit to this application

Fire Sprinkler System: Yes/No Attach State Fire Marshall approved plans to this application

SC DHEC Asbestos Section
2600 Bull Street
Columbia, SC 29201
803-898-4289

State Fire Marshall
Division of State Fire Marshall
141 Monticello Trl.
Columbia, S.C. 29203
803-896-9800

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