



Chester County, South Carolina
 Department of Planning, Building & Zoning
 1476 J.A. Cochran Bypass
 Chester, SC 29706

Permit Application Date: _____ **ID#:** _____
 Property Address: _____ **Zoning District:** _____
 Property Owner: _____ **Tax Map #:** _____
 Applicant: _____ **SC License #:** _____
 Applicant E-Mail Address: _____
 Applicant Telephone #: _____ **Cell #:** _____

PLEASE LIST ALL SUB CONTRACTORS NAME AND SC LICENSE NUMBER ON SEPARATE PIECE OF PAPER AND SUBMIT WITH PERMIT APPLICATION

Type of Permit:

- New Building Addition Manufactured Home Renovation Moving Grading Demolition Sign
 Plumbing Mechanical Electrical Pool **Description of Work:**

Total Heated Square Feet: _____ **Porch Sq Ft:** _____ **Garage Sq Ft:** _____ **# of stories** _____
Of Bedrooms: _____ **# of Baths:** _____ **# of 1/2 Baths:** _____ **Foundation Type:** _____
Of Plumbing Fixtures: _____ **Fireplace Type:** _____ **Power Company:** _____
Gas Company: _____ **Public Water & Sewer or Well and Septic** _____
Total Cost of Job: _____ **Electrical Amp:** _____

*** **Acknowledgement of SC 6-29-1145** *** Is this parcel of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity that is being applied for? Yes: _____ No: _____

*** **General Acknowledgement** *** I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violations of other related state laws and ordinances.

 Print Applicant's Name Applicant's Signature Date

Permit void after 6 months ~ No Refunds after 30 Days

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.