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Georgetown, SC 29442
(843) 545-3116
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GEORGETOWN COUNTY
PLANNING & DEVELOPMENT DEPARTMENT
BUILDING DIVISION

BUILDING PERMIT APPLICATION

DATE RECEIVED_____ **PERMIT #** _____

STREET ADDRESS_____ SUBDIVISON/ SECTION OF COUNTY _____

LOT _____ BLOCK _____ TAX MAP # _____

ZONING DISTRICT _____ FLOOD ZONE _____

OWNER'S NAME_____

OWNER'S ADDRESS_____TELEPHONE_____

APPLICANT'S NAME _____TELEPHONE_____

CONTRACTOR _____SC LICENSE #_____

CONTRACTOR'S ADDRESS_____TELEPHONE_____

ARCHITECT/ENGINEER_____

ARCH./ENG. ADDRESS_____TELEPHONE_____

EMAIL ADDRESS FOR CONTACT PERSON _____

PROPOSED USE _____

DESCRIBE WORK TO BE DONE _____

VALUE OF CONSTRUCTION_____ # OF STORIES _____

HEATED SQ. FT._____ UNHEATED SQ. FT._____ TOTAL SQ. FT. _____

TYPE OF IMPROVEMENT: NEW CONSTRUCTION ( ) ADDITION ( ) REPAIR/REPLACE ( ) DEMOLISH ( )
MOVING ( ) ALTERATION ( ) OTHER ( )_____

CONSTRUCTION TYPE: FRAME ( ) METAL ( ) WOOD ( ) OTHER_____

BLDG. EXTERIOR : BRICK ( ) BLOCK ( ) STONE ( ) OTHER_____

FOR RESIDENTIAL: TOTAL # OF ROOMS _____ # OF BATHS _____ # OF BEDROOMS _____

HEATING TYPE: HEAT PUMP ( ) HOT WATER ( ) CENTRAL AIR CONDITIONING ( )

TYPE OF FUEL: OIL ( ) GAS ( ) ELECTRIC ( ) WOOD ( ) COAL ( ) # OF FIRE PLACES _____

SEWER DISPOSAL: PUBLIC ( ) SEPTIC TANK ( ) WATER SUPPLY: PUBLIC ( ) WELL ( )

FOR OFFICE USE ONLY

FRONT SETBACK _____
SIDE SETBACKS: LEFT_____ RIGHT_____
REAR SETBACK_____
OVERALL STRUCTURE HEIGHT: _____
FINISHED FLOOR ELEVATION:_____

SIGNATURE OF CONTRACTOR **DATE**