

Greenville County

Greenville County Square
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Phone (864) 467-7060 Fax (864) 467-7407
permits@greenvillecounty.org

NEW RESIDENTIAL CONSTRUCTION APPLICATION

APPLICATION MUST BE COMPLETED PRIOR TO REQUESTING PERMIT

Date: _____ Property Owner's Name: _____ Phone No: _____
Exact Address of Property: _____ City: _____ State/Zip: _____
Subdivision Name: _____ Lot No: _____ Tax Map No: _____ Mobile No: _____
Sq. Ft. of House: _____ Sq. Ft. of Basement: _____ Sq. Ft. of Attached Garage: _____ Total Sq. Ftg. _____
Total No. of Rooms _____ No. of Stories _____ No. of Bedrooms _____ No. of Baths _____
This Permit is for a: Single Family Dwelling _____ Duplex _____ Modular _____ State Compliance # _____ Is this a Corner Lot: _____
Road Information: Private Road County Road State Road

CONTRACTOR *faxing application, also fax a copy of the contractor's license*

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____ Fax No: _____
Email: _____

ELECTRICAL CONTRACTOR

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____ Fax No: _____
No. of Amps: _____ No. of Breakers: _____ Name of Power Company: _____

MECHANICAL CONTRACTOR

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____ Fax No: _____
No. of Heating Units of each type: Propane _____ Heat Pump _____ Gas Pack _____ Gas Furnace _____ Wood _____
No. of Water Heaters of each type: Gas _____ Electric _____ Name of Gas Company: _____
No. of Gas Appliances: Gas Logs _____ Gas Grill _____ Gas Stove _____ other, give description _____
No. of Fireplaces: Brick _____ Prefab _____ Check here if gas line goes to a Brick Fireplace.

PLUMBING CONTRACTOR

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____ Fax No: _____
No. of Plumbing Fixtures: _____ (Including but not limited to: kitchen sink, dishwasher, garbage disposal, hot water heater, washer, laundry sink, all bathroom fixtures) Septic Tank _____ OR Sewer _____

EXACT DIRECTIONS TO JOB SITE (from a main road): _____

Applications must be faxed to the Permit Application Center 48 hours in advance of permit pick up. For information regarding culverts, driveways, or encroachment permits, contact 467-7016 if the property is on a county road or 241-1224 if the property is on a state road.

The applicant hereby certifies and agrees as follows: 1) That he/she is authorized to make this application; 2) That he/she has read the above information and it is true and correct; 3) That he/she will comply with all County of Greenville ordinances, laws and regulations, all State and Federal Laws and regulations regulating the use of land and structures and the construction of structures; 4) That he/she will perform only the work outlined above at the property indicated above; 5) That he/she grants the right of entry to the property to the Building Official or employees of the County of Greenville for the purpose of inspections, and posting of notices. If any of the information supplied by the owner and/or owner's agent is incorrect, the permit may be revoked.

THIS PERMIT WILL BECOME INVALID WITHIN 6 MONTHS FROM DATE OF ISSUE IF: WORK HAS NOT COMMENCED, IF AN INSPECTION HAS NOT BEEN REQUESTED, OR IF WORK HAS BEEN SUSPENDED FOR A PERIOD OF 6 MONTHS.

This permit is permission to proceed with construction and shall not be construed as authority to violate, alter or set aside any of the provisions of the Building Code and any other applicable laws or ordinances, nor shall the issuance of this permit prevent the Building Official from requiring correction of errors in construction documents or of violations of the Building Code of the County of Greenville, South Carolina.

DATE: _____ BY OWNER OR AUTHORIZED AGENT: _____

Permit No: _____ Cost of Permit: \$ _____

Customer prefers processed permit to be Emailed Faxed or picked up



Grading/Erosion Control Acknowledgement Single Family Residential Construction

Site Location Address: _____

Tax Parcel Number: _____

Subdivision Name: _____ Lot #: _____

Owner or General Contractor: I certify that I will follow the Stormwater Pollution Prevention Plan (SWPPP) for the subdivision or comply with the requirements outlined in the *"Single Family Residential Erosion/Sediment Control Standards"*. I am responsible for implementing, maintaining and monitoring effectiveness of the SWPPP during construction on the lot(s) listed above. I understand and agree to implement required erosion and sediment control measures described in the *"Single Family Residential Construction Erosion/Sediment Control Standards"*. I also understand that I may need to supplement or modify implemented protection measures as site conditions develop to control on-site erosion and ensure all site runoff is adequately treated by stormwater controls. I will also be responsible for actions of all subcontractors and delivery personnel at the worksite as they relate to the SWPPP and *"Single Family Residential Construction Erosion/Sediment Control Standards"*. I further understand that if this lot is a part of a larger common plan without developer provided NOI coverage I must apply for NOI coverage as required by SC DHEC in Suite 5800 or if I am disturbing over 1 acre of land and not a part of a larger common development, I will obtain a land disturbance permit in Suite 3900.

Company Name or Property Owner (please print) Street Address

City State Zip Code Telephone Fax

Contact Name (if owner is company -please print) Signature

Building Permit Number: _____ Issued By: _____ Date: _____

Jurisdiction: Unincorporated Fountain Inn Mauldin Simpsonville Travelers Rest