

# Greenville County

Greenville County Square  
 301 University Ridge, Suite 4100, Greenville SC 29601-3686  
 Phone (864) 467-7060 Fax (864) 467-7407  
 permits@greenvillecounty.org

## RESIDENTIAL ADDITION/ALTERATION APPLICATION

*APPLICATION MUST BE COMPLETED PRIOR TO REQUESTING PERMIT*

Date: <b>4/4/2012</b>		Property Owner's Name:			Phone No.:	
Exact Address of Property:				City:		State/Zip:
Subdivision Name:			Lot No.:	Tax Map No.:		
Project Valuation: \$		Additional Square footage?		Is this a Corner Lot:		
Description of work:						
If Re-roof/roof type?		If Detitle/M-		Demo Permit?	Pool? In ground or	
Existing or Active Permit No.?					Mobile Phone No:	

**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.:		
New Service Information:		No. of Amps:	No. of Breakers:	Name of Power Company:		
<input type="checkbox"/> Existing Panel	<input type="checkbox"/> Upgrade	No. of Amps being added:		No of Breakers being added:		

**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:		Gas:	Propane:	Heat Pump:		Wood
No. of Water Heaters of each type:		Gas:	Electric:	Name of Gas Company:		
Ductwork: Any Gas Appliances (including but not limited to; gas logs, gas grill, gas stove, give description on next line)						

**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: bathroom fixtures, kitchen sink, dishwasher, hot water heater, washer, laundry						
Septic Tank:		<input type="checkbox"/>	OR	Sewer:		<input type="checkbox"/>

<b>EXACT DIRECTIONS TO SITE</b> (from a main						

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

Revised: 9/2011