

# Barnwell County, SC Building Permit Application

1

OWNER  
JOB ADDRESS

Applicant to complete numbered spaces only.

JOB ADDRESS					
1	LEGAL DESCR	LOT NUMBER	BLK	TRACT	( <input type="checkbox"/> SEE ATTACHED SHEET)
2	OWNER	MAIL ADDRESS	ZIP	PHONE	
3	CONTRACTOR	MAIL ADDRESS	PHONE	REGISTRATION NO	
4	ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	REGISTRATION NO	
5	ENGINEER	MAIL ADDRESS	PHONE	REGISTRATION NO	
6	LENDER	MAIL ADDRESS	BRANCH		
7	USE OF BUILDING				
8	Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE				
9	Describe work:				

10 Valuation of work: \$	PLAN CHECK FEE	PERMIT FEE					
SPECIAL CONDITIONS:	Type of Const.	Occupancy Group	Division				
	Size of Bldg. (Total) Sq. Ft.	No of Stories	Max Occ. Load				
	Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No				
	No. of Dwelling Units	OFFSTREET PARKING SPACES Covered                      Uncovered					
APPLICATION ACCEPTED BY:	PLANS CHECKED BY:	APPROVED FOR ISSUANCE BY:					
<p><b>NOTICE:</b> This form is not a building permit. This is a building permit application form used as reference to issue a building permit. The applicant is to complete all applicable numbered spaces. On back of this form give specific directions to the building site, using the Barnwell County Administration Building as the starting reference.</p> <p>I hereby certify that I have read and completed this permit application and all information is accurate and true. I hereby certify that I am authorized by the above listed owner to make application for and to obtain a building permit from the County of Barnwell. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction.</p> <p>_____ SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT                      (DATE)</p> <p>_____ SIGNATURE OF OWNER (IF OWNER BUILDER)                      (DATE)</p>				Special Approvals	Required	Received	Not Required
				ZONING			
				HEALTH DEPT			
				FIRE DEPT.			
				SOIL REPORT			
				OTHER (Specify)			