

# PICKENS COUNTY BUILDING CODES ADMINISTRATION PERMIT APPLICATION

222 McDaniel Ave., B-10, Pickens SC 29671

PHONE NUMBER: (864) 898-5950 FAX (864) 898-5795

**OWNERS NAME/ADDRESS**

**PERMIT NUMBER**

**ACCOUNT #**

**PARCEL #**

NAME:  
ADDRESS:  
PHONE:

PERMIT NUMBER

ACCOUNT #

PARCEL #

**DATE / ISSUED BY**

**ACTIVE/INACTIVE**

**PERMIT TYPE**

**SEPTIC TANK #**

DATE / ISSUED BY

ACTIVE/INACTIVE

PERMIT TYPE

SEPTIC TANK #

Street # Street Dir Street Name Street Type No # City Zip Subdivision Lot #

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VERIFIED BY MINIMUM C/L ROAD FRONT TOTAL FRONT SIDE REAR SIDE CORNER FLOOD PLAIN ELECTRIC PROVIDER ZONE GRID TAX DISTRICT

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**REASON FOR PERMIT**

REASON FOR PERMIT PRIVATE DRIVE No setbacks

CONTRACTOR'S NAME:	SQUARE FEET	CODES VALUE	CONTRACTOR VALUE	INSPECTIONS							
				POOL PERMIT	BUILDING PERMIT	OWNER	CONTRACTOR	DATE	INSPECTOR		
BUSINESS NAME:	<i>SWIMMING POOLS</i>										
LICENSE NUMBER:	MAIN FLOOR S/F @\$70				FOOTER						
HOME/OFFICE PHONE:	2 <sup>ND</sup> FLOOR S/F @ \$70				SLAB						
MOBILE PHONE:	3 <sup>RD</sup> FLOOR S/F @ \$70				FOUNDATION WALL						
MAILING ADDRESS:	BASEMENT S/F @ \$70				FOUNDATION DRAINAGE						
NUMBER BEDROOMS:	UNFINISHED BASEMENT S/F @ 35				FRAMING						
NUMBER BATHROOMS:	GARAGE/CARPORT S/F @ \$29				T.P.P.						
FIREPLACE <input type="checkbox"/> MASONRY <input type="checkbox"/>	METAL /POLE/DECKS BUILDING S/F @ \$12				ELECTRICAL						
	<b>TOTAL</b>				FENCE/BARRIER						
					FINAL INSPECTION						

**PERMIT FEE**

PERMIT FEE

*COMPLETE WHITE AREA ONLY*

I hereby certify that the statements in this application are true and correct and that the property owner has given permission for this work to proceed. I further certify that all provisions of laws, ordinances, and setbacks governing this type of work will be complied with whether specified herein or not. It is a violation of the codes to move in before you receive a Certificate of Completion.

SIGNATURE OF CONTRACTOR /OWNER

DATE

**NOTE: JOB SITE MUST COMPLY WITH OSHA SAFETY STANDARDS  
THIS PERMIT EXPIRES 6 MONTHS FROM DATE ISSUED.**