



**DEVELOPMENT SERVICES**

101 N. MAIN STREET, P O BOX 1809, LANCASTER SOUTH CAROLINA, PHONE (803) 285-1969 EMAIL PERMITS@LANCASTERCOUNTYSC.NET

**COMMERCIAL PERMIT APPLICATION**

Date: \_\_\_\_\_

Permit Type ( Please Check All that apply):						
Building <input type="checkbox"/>	Demo <input type="checkbox"/>	Zoning Only <input type="checkbox"/>	Gas <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Plumbing <input type="checkbox"/>	Electrical <input type="checkbox"/>
Interior Remodeling only <input type="checkbox"/>	Fire Alarm System New <input type="checkbox"/>	Fire Alarm System Renovation <input type="checkbox"/>	Fire Sprinkler <input type="checkbox"/>	Alternate Fire Suppression System <input type="checkbox"/>	Entire Job Cost \$	

- Please allow 1-2 days for processing of permit once plans have been approved.
- New building must provide well/septic approval or tap fee verification.
- Permits requiring site plan approval cannot be issued until site plans are approved.

**Address of Construction Location:** \_\_\_\_\_

**Description of work:** \_\_\_\_\_

Project Name: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Gross building area _____ sq/ft Number of stories _____ Alarm Yes or No? Panic hardware Yes or No? Emergency Lighting Yes or No? Sprinklered Yes or No?
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**Property Owner(s):** \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ **Email:** \_\_\_\_\_

**General Contractors Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SC Contractors License #: \_\_\_\_\_ Group Classification \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fire Alarm Contractor Name:** \_\_\_\_\_ SC Contractors License #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Electrical Sub: _____ SC License #: _____ Group Classification _____ Job Cost: _____ Mechanical Sub: _____ SC License #: _____ Group Classification _____ Job Cost: _____ Plumbing Sub: _____ SC License #: _____ Group Classification _____ Job Cost: _____ Water provider: _____ Electrical Provider: _____ Sewer provider: _____ Gas Provider: _____
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**Provide driving directions:** \_\_\_\_\_

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Occupant Load: \_\_\_\_\_ Occupancy Type: A-1 A-2 A-3 A-4 A-5 B E F-1 F-2 H-1 H-2 H-3 H-4 H-5 I-1 I-2 I-3 I-4 M R-1 R-2 R-3 R-4 S-1 S-2 U

Construction Type: IA IB IIA IIB IIIA IIIB IVA IVB VA VB

\*\*\*Acknowledgement of SC 6-29-1145: IS THIS TRACT OR PARCEL OF LAND RESTRICTED BY ANY RECORDED COVENANT THAT CONFLICTS WITH OR PROHIBITS THE ACTIVITY YES/NO?

\*\*\*Acknowledgement of Asbestos Regulations\*\*\* Federal and State Asbestos regulations require responsible parties to have SCDHEC licenses building inspector inspect regulated structures for the presence of asbestos and to obtain SCDHEC required project licenses. Please ensure that these requirements are met prior to conducting any abatement, renovations or demolition activities. Contact the SCDHEC Asbestos Section if you have any questions.

The general contractor is responsible for ensuring all sub-contractors are licensed in the state of South Carolina to a level commensurate to their contract price. The Development Service Department cannot intervene in any disputes between the contractor and owner.

I understand that if this statement is found to be false then the permit issued pursuant to this application will be rendered null and void and the sole recourse of any one relying upon this permit in purchasing the property or in providing goods or services to the applicant or for the benefit of the property shall be against the applicant and not against Lancaster County who, pursuant to South Carolina Code 6-29-1145 is issuing the permit in reliance of this statement by applicant.

Any information provided on this document may be subject to the South Carolina Freedom of Information Act and may be disclosed to third parties in accordance with applicable law.

X

\_\_\_\_\_  
Contractor/Agent Signature

X

\_\_\_\_\_  
Print

X

\_\_\_\_\_  
Property Owner Signature

X

\_\_\_\_\_  
Print