



PLANNING & DEVELOPMENT SERVICES

18 W. LIBERTY STREET, PO BOX 96
YORK, SC 29745-0096
PHONE (803) 909-7200 / FAX (803) 909-7227

ACCESSORY DWELLING RESIDENTIAL PERMIT APPLICATION

Date: _____

Permit Type (check one):			
<input type="checkbox"/> New Building	<input type="checkbox"/> Addition to Existing Home	<input type="checkbox"/> Convert Space within Existing Home	<input type="checkbox"/> Convert Existing Building to Living Quarters

Address of Construction: _____ Parcel ID #: _____

Subdivision: _____ Lot #: _____ Corner lot: Yes No Driveway entry street name: _____

Property Owner Name: _____ Phone: _____

Property Owner Address: _____ Email: _____

Contractor Name: _____ SC Builder's License #: _____

Contractor Address: _____ Phone: _____ Email: _____

Description of work: _____

Number of stories: _____ Primary Dwelling Unit Heated s/f: _____ Accessory Dwelling Unit s/f: _____ Porch/ deck s/f: _____

Garage s/f: _____ Garage attached?: _____ Garage two (2) stories?: _____

Basement s/f: _____ Basement: finished or unfinished Bonus room s/f: _____ Bonus room: finished or unfinished

Which of the two units will be the designated "owner-occupied" unit: existing or new? (Check one)

If the Accessory Dwelling Unit is a new addition or separate building, describe how it matches the design of the existing home with regards to materials, colors, window styles, and roof styles. (Provide on a separate sheet) ***Attach application to Affidavit in Support of Accessory Dwelling Unit.**

Utilities:

Water provider: _____ Electrical provider: _____

Sewer provider: _____ Gas provider: _____

*****Acknowledgement of SC 6-29-1145***** Is this parcel of land restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity that is being applied for? Yes No

General Acknowledgement

- I certify to the best of my knowledge that all information provided herein is true and correct and all work performed under this permit shall conform to the plans and specifications herewith submitted and to all applicable Building Codes and Laws and Ordinances pertaining thereto.
- By signing this application I certify that I have the authority to make the foregoing application and I am the property owner or an authorized agent for the company performing the work stated above. I understand that I must use contractors licensed or registered with the State of South Carolina. If I choose to represent myself as the owner/builder, I understand that I or my immediate family members are required to occupy the property, that only contractors and subcontractors duly licensed as required by the State of South Carolina must be used to perform work associated with this application and permit, and as owner/builder I may not rent, lease or sell the property for a period of no less than two years from the date of final inspection for which this permit is issued.
- I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.
- I certify no construction or portion of construction will be built over or under any electrical, water, sewer, storm water or any other utility easements or rights-of-way.
- Renovation and demolition of most facilities are subject to State and Federal asbestos regulations. The facility owner and the renovation or demolition contractor are both responsible for ensuring compliance with these regulations. Please visit <https://scdhec.gov/environment/your-home/asbestos-information-homeowners/asbestos-regulations> for more information. The EPA requires contractors to have a Lead Paint Removal Certification when working on a structure built before 1978. Visit <https://www.epa.gov/lead> for more information.

Applicant Signature

Applicant Title

Applicant Printed Name

Date

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.



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RESIDENTIAL SUBCONTRACTOR ADDENDUM

Date: _____

Address of Construction: _____ Parcel ID #: _____

General Contractor Name: _____ SC Builder's License #: _____

ELECTRICAL CONTRACTOR INFORMATION:

Name: _____
License #: _____
Contract Cost: _____
Address: _____
Phone: _____
Email: _____

PLUMBING/GAS CONTRACTOR INFORMATION:

Name: _____
License #: _____
Contract Cost: _____
Address: _____
Phone: _____
Email: _____

MECHANICAL CONTRACTOR INFORMATION:

Name: _____
License #: _____
Contract Cost: _____
Address: _____
Phone: _____
Email: _____

MASONRY CONTRACTOR INFORMATION:

Name: _____
License #: _____
Contract Cost: _____
Address: _____
Phone: _____
Email: _____

CARPENTRY CONTRACTOR INFORMATION:

Name: _____
License #: _____
Contract Cost: _____
Address: _____
Phone: _____
Email: _____

SHEETROCK CONTRACTOR INFORMATION:

Name: _____
License #: _____
Contract Cost: _____
Address: _____
Phone: _____
Email: _____

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AFFIDAVIT IN SUPPORT OF ACCESSORY DWELLING UNIT PERMIT

1. The address of my property is _____ and there is an existing (or proposed) accessory dwelling unit at this address.
2. One of the two units on this property has been designated as the "owner-occupied" unit; I will at no time rent the designated owner-occupied unit.
3. I will notify York County Planning & Development Services if the accessory dwelling unit is removed from this property.
4. I acknowledge that this document shall run with the land and bind all current and future property owners, and the owner's assigns, beneficiaries and heirs.

Please initial beside the following criteria:

- _____ (a) One accessory dwelling unit per primary dwelling unit;
- _____ (b) Primary dwelling unit shall be owner-occupied;
- _____ (c) Accessory dwelling unit shall not be larger than 50% of the size of the primary dwelling unit;
- _____ (d) Accessory dwelling unit may be in the same building or separate building from the primary dwelling unit, including the garage;
- _____ (e) If the accessory dwelling is in a separate building, then the height of the building containing the accessory dwelling shall not exceed 125% of the height of the principal building;
- _____ (f) If an accessory dwelling is in a separate building, the setbacks shall be no closer than ten feet from an abutting side property line and no closer than 20 feet from an abutting rear property line or the nearest point along any required bufferyards, whichever is greater; (provide a survey showing the distance from all four property lines).
- _____ (g) Accessory dwelling unit shall be constructed with the same or very similar materials and compatible exterior style of the primary dwelling;
- _____ (h) Windows of an accessory dwelling unit shall not be directly opposite windows of a dwelling unit on the abutting lot unless screened by a fence, wall or hedge, or separated by more than 30 feet;
- _____ (i) An accessory dwelling unit shall contain a kitchen and at least one bedroom and at least one full bathroom;
- _____ (j) An accessory dwelling unit shall have at least one parking space in addition to the parking spaces required for the primary dwelling unit.

Applicant Signature: _____

Date: _____

Applicant Printed Name: _____

**STATE OF SOUTH CAROLINA)
COUNTY OF YORK)**

I, _____, Notary Public for the State of _____, do hereby certify that
_____ personally appeared before me
(Property Owner Name)

the ____ day of _____, 20____ and acknowledged the due execution of the foregoing instrument.

Notary Public Signature

(Place Notarial Seal Here)

My Commission Expires: _____

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