



PLANNING & DEVELOPMENT SERVICES

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



COMMERCIAL PERMIT APPLICATION

Date: _____

Permit Type (check one):			
<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing/Gas	<input type="checkbox"/> Building: <input type="checkbox"/> Shell <input type="checkbox"/> Interior Upfit <input type="checkbox"/> Exterior Upfit <input type="checkbox"/> Demo
Contract Amount: \$ _____		*Attach Copy of Contract	

Project Name: _____ **Project Location:** _____

Applicant Name: _____ **Applicant Phone/Email:** _____

Property Owner Name: _____ **Phone:** _____

Property Owner Address: _____ **Email:** _____

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

Contractor Address: _____ **Phone:** _____ **Email:** _____

**Commercial Subcontractor Addendum MUST be included with application.*

Description of work: _____

Gross Building Area: _____ **Heated s/f:** _____ **Unheated s/f:** _____ **Number of Stores:** _____

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.
- Plans submitted in association with this application are owned by the applicant or agent of, and has permission to use them.
- 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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COMMERCIAL SUBCONTRACTOR ADDENDUM

**Required with Commercial Building Permit*

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: _____

OTHER CONTRACTOR INFORMATION:

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

FIRE ALARM CONTRACTOR INFORMATION:

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

FIRE SPRINKLER CONTRACTOR INFORMATION:

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

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