

FLOOD ZONE _____
BFE _____
PANEL _____
ECERT REQ _____
APPROVED BY _____

HAMPTON COUNTY

Permit Application

201 Jackson Ave West
Hampton SC 29924
803-914-2127

DATE IN _____
CLERK _____
REVIEW # _____
DATE OUT _____
APPROVED BY _____

Applicant Name _____

Telephone # _____

Applicant Email _____

Property Owner (as listed on Tax Record) _____

Property Owner Email _____ Telephone # _____

Property Owner Mailing Address _____ Cell Phone # _____

Site Address _____ Historic District: Yes _____ No _____

Subdivision/Project _____ Building# _____ # of Units _____ Occ. Class _____ Occ. Load _____

Type of Work: New: _____ Addition: _____ Alter: _____ Repair: _____ Move: _____ Demolish: _____ Other: _____

Use of Improvement: Residential: _____ Single Family: _____ 2 Family: _____ Town House _____ Occupancy Classification _____

Commercial _____ Multi Family _____ Educational _____ Business _____ Institutional _____ Manufacturing _____ Warehouse _____

Construction Material: Steel _____ Wood _____ Masonry _____ Other _____ Construction Type _____

Exterior: Brick Veneer _____ Conc Block _____ Stone _____ Stucco _____ Metal _____ Wood _____ Vinyl _____ Other _____

Type of Heating: Furnace _____ Central Air _____ Heat Pump _____ Other _____ Sprinkler Sys Req: Yes _____ No _____

Type of Fuel: Electricity _____ Gas _____ Oil _____ Other _____ Fireplace(#) _____ Type _____

No. of Stories _____ Bedrooms _____ Bathrooms _____ Half Baths _____ Total # of Rooms _____

Heated Area: 1st Floor _____ 2nd Floor _____ Other _____ Total _____

Unheated Area: Garage _____ Carport _____ Porches _____ Decks _____ Total _____

Total Square Footage _____ Power Company: _____

Scope of Work: _____

Value of Construction \$ _____ (Including Materials & Labor)

Building Permit Fee \$ _____

Permit # _____

Plan Review Fee \$ _____

Risk Cat _____ Wind Zone _____ Seismic Zone _____

Total Fees \$ _____

Contractor/Builder: _____ Telephone# _____

Address _____ Email _____

State License # _____ Business License # _____

Architect/Engineer: _____ Telephone# _____

Address _____ Email _____

Estimated Date of Completion _____ TMS# _____ Zone _____ Verified _____

Setbacks: Front _____ Rear _____ Left _____ Right _____

THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY ORDINANCY OR OTHERWISE – BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE

Issued By _____

Submitted By _____

Signature: Owner _____ Agent _____ Contractor _____

Date _____

Print Name _____