SPARTANBURG COUNTY RESIDENTIAL APPLICATION

PERMIT TYPE: ☐ RESIDENTIAL ☐MODULAR ☐ OTHER_____

SITE INFORMATION: PLEASE PRINT CLEARLY:

ADDRESS OF CONSTRUCTION: _____

CITY: _____STATE: _____ZIP: _____

PARCEL #: _____SUBDIVISON: _____LOT: _____

PROPERTY OWNER INFORMATION:

OWNER NAME: _____

MAILING ADDRESS: _____CITY: _____STATE: _____ZIP_____

DAYTIME PHONE: _____ E-MAIL: _____

PROJECT INFORMATION:

WORK DESCRIPTION: _____

FRAME: ☐ WOOD ☐OTHER: _____ FOUNDATION: ☐SLAB ☐CRAWL ☐OTHER: _____

ROOF TYPE: ☐SHINGLE ☐OTHER: _____ REQUEST FOUNDATION WALL INSPECTION: ☐YES ☐NO

EXTERIOR: _____(VINYL, BRICK, HARDI PLANK, ETC)

STORIES: _____ BATHROOMS: _____BEDROOMS: _____ FIREPLACES: _____☐BUILT ☐PRE-FAB

BASEMENT: ☐ NO ☐PARTIAL ☐FULL ☐FINISHED ☐UNFINISHED **GARAGE**: ☐ ATTACHED ☐DETACHED ☐ NO

TOTAL JOB COST: $_____ TOTAL SQFT:_____ * **IF DETACHED, SEPARATE PERMIT IS REQUIRED**

TOTAL SQFT: HEATED:_____ UNHEATED: _____BASEMENT: _____GARAGE: _____PORCH: _____

UTILITIES:

POWER REQUIRED: ☐YES ☐NO ELECTRICAL COMPANY: **(REQUIRED)**_____

SERVICE: ☐NEW ☐ UPGRADE ☐ EXISTING TOTAL AMPS: _____

GAS COMPANY: _____* **HIGH PRESSURE SYSTEM** ☐**YES** ☐**NO***

HEAT SOURCE: ☐ELECTRIC ☐GAS ☐OTHER_____ AIR CONDITIONING: ☐YES ☐NO

WATER: ☐ WELL ☐PUBLIC **SEWER**: ☐NEW ☐ EXISTING **SEPTIC** ☐ NEW ☐ EXISTING

CONTRACTOR: _____PHONE: _____LICENSE #: _____

DIRECTIONS LEAVING OUR OFFICE: _____

_____

_____

_____

*****OWNER/AGENTS ARE RESPONSIBLE FOR CHECKING ANY DEED RESTRICTIONS AND COVENANTS*****

_____ _____

APPLICANT SIGNATURE DATE