



Town of Fairfax
 537 Allendale/Fairfax Hwy
 Fairfax, SC 29827
 803-584-3438

BUILDING PERMIT APPLICATION



Department of Building Safety
 4795 South Church St. Ext. - Suite 2
 Roebuck, SC 29376
 864-586-6111

PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2
 PROOF OF ID MUST BE SUBMITTED WITH APPLICATION

CONTRACTORS: MUST HAVE A CITY BUSINESS LICENSE PRIOR TO APPLYING FOR PERMIT
 (*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE: _____	B _____ F _____	PERMIT FEE: \$ _____	FACILITATOR'S INITIALS
PERMIT NUMBER: _____	FLOOD _____	CONV. FEE: \$ _____	
PLANS APPROVED? YES _____ NO _____	PW _____	TOTAL: \$ _____	
ZONING APPROVED? YES _____ NO _____	SIGN _____		

PROPERTY LOCATION/ADDRESS: - Complete this section Parcel ID #: _____

NAME OF BUSINESS/LESSEE: _____	SHOPPING CENTER / DEVELOPMENT NAME: _____		
STREET ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____

CONTRACTOR CONTACT INFORMATION: STATE LICENSE (LLR) #: _____

BUSINESS NAME: _____	D/B/A: _____		
BUSINESS MAILING ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____
BUSINESS CONTACT'S NAME: _____	BUSINESS PHONE # WITH AREA CODE: _____		
BUSINESS CONTACT'S EMAIL ADDRESS: _____	BUSINESS CONTACT'S PHONE # WITH AREA CODE: _____		

PROJECT CONTACT INFORMATION: PROJECT REVIEW LETTERS WILL BE EMAILED TO ALL PARTIES

PROJECT SUPERINTENDENT: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____
ENGINEER: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____
ARCHITECT: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____
PROPERTY OWNER: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____

DESCRIPTION OF WORK:

PROPERTY TYPE:	RESIDENTIAL _____ COMMERCIAL _____
-----------------------	------------------------------------

TYPE OF WORK (check all that apply):

NEW	REMODEL	REPAIRS	ADDITION (commercial only)
-----	---------	---------	----------------------------

GROSS SQUARE FOOTAGE OF ENTIRE BUILDING:	GROSS SQUARE FOOTAGE OF THE TENANT SPACE:
--	---

UTILITIES / SEWER: RESIDENTIAL ONLY	SEWER: Plans Required for New Construction or Adding Fixtures: Two (2) Copies of Site and Drainage Plans
--	---

POWER COMPANY:	SEWER:
GAS COMPANY:	TOWN OF: FAIRFAX PAID RECEIPT REQUIRED

CHANGE OF USE:	YES	NO
-----------------------	-----	----

ZONING DISTRICT:	Project Type:	Is the building over 5,000 Sq. Ft.?
	Single Tenant Multi-Tenant	YES NO
	Multi-Family:	Has the site been vacant over 180 days?
	Condominium Apartments	YES NO

(*A) CONTRACT AMOUNT: \$ _____	Do you have a current business license? Yes, #: _____ No
---------------------------------------	---

CONTRACTORS: YOU MUST PURCHASE A CITY BUSINESS LICENSE IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.

**Town of Fairfax
BUILDING CODES FEE SCHEDULE - EFFECTIVE December 4, 2020
FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE**

IMPORTANT NOTES

- For individuals wishing to build and/or improve their own home without the use of a licensed residential builder or specialty contractor, a Residential Disclosure Certification Form is required. This form is available on our website.

IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NONREFUNDABLE.

ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.

A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.

THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.

SIGNATURE:

By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I 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 laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.

I certify the information given on this application is true and correct.

APPLICANT NAME (PRINTED):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:	APPLICANT'S PHONE # WITH AREA CODE:	
APPLICANT'S SIGNATURE:		

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS