

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.

All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.

APPLICANT'S NAME (printed):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:	APPLICANT'S PHONE #: () -	
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



POOL FENCE OR BARRIER AGREEMENT

As the owner of the property located at _____,
I am aware of, and have received a copy of the requirements for the enclosure of a pool
in accordance with Section 3109 of the International Building Code which has been
adopted by the Town of _____, SC.

I take full responsibility, as the property owner, for ensuring that the pool fence or barrier
is installed around the pool or spa during and after construction. Also, that the pool or
spa will not be filled with water until either a temporary fence or barrier is installed
around the pool or spa.

I further agree and acknowledge that a Final Inspection will not be conducted until the
installation of a permanent barrier is installed around such pool or spa.

(Owner's Printed Name)

(Owner's Phone Number)

(Owner's Signature)

(Date)

SWORN TO before me this _____ day
of _____, 20 _____
_____ (SEAL)

Notary Public for South Carolina

My Commission Expires: _____

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