

TEMPORARY TRAILER USE PERMIT APPLICATION



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

West Main Street
Wilmington SC
444

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

TEMPORARY TRAILER USE PERMIT FEE \$160.00

OFFICE USE ONLY

APPLICATION SUBMITTAL DATE: _____

FACILITATOR'S INITIALS _____

PERMIT NUMBER(s): _____

ZONING APPROVED: YES _____ NO _____

TYPE OF TRAILER OCCUPANCY REQUESTED:

Construction Office Other Describe:

Associated Building Permit#:

Reason for Special Use:

PROJECT NAME & SITE LOCATION INFORMATION:

PARCEL #:

PROJECT NAME:

EXISTING PARCEL SIZE:

SITE LOCATION STREET ADDRESS:

CITY:

STATE:

ZIP:

PROPERTY OWNER'S INFORMATION:

PROPERTY OWNER'S NAME

PROPERTY OWNER'S PHONE # WITH AREA CODE:

PROPERTY OWNER'S STREET ADDRESS

CITY:

STATE:

ZIP:

PROPERTY OWNER'S EMAIL ADDRESS:

APPLICANT'S INFORMATION:

APPLICANT'S NAME:

APPLICANT'S PHONE # WITH AREA CODE:

APPLICANT'S MAILING ADDRESS:

CITY:

STATE:

ZIP:

APPLICANT'S EMAIL ADDRESS:

REPRESENTATIVE'S INFORMATION:

REPRESENTATIVE'S NAME:

REPRESENTATIVE'S PHONE # WITH AREA CODE:

REPRESENTATIVE'S MAILING ADDRESS:

CITY:

STATE:

ZIP:

REPRESENTATIVE'S EMAIL ADDRESS:

NOTE: ALL TEMPORARY TRAILERS REQUIRE HOOK-UPS AS FOLLOWS:

1. Building permits for set-up, electrical, and plumbing all to be obtained from the Department of Building Safety.

**** fee includes all permits****

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.

SIGNATURE(s):

APPLICANT'S 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