CITY OF LIBERTY START HERE. THRIVE HERE. 206 W. Front St Liberty, SC 29657 864-843-3177	PHOTO PV PE	LAR VOLTAIC ERMIT CATION	4	Department of Building Safety 4795 South Church St. Ext Suite 2 Roebuck, SC 29376 864-586-6111	
	RECT ANY QUESTIONS TO PERMIT PROOF OF ID MUST BE SL VIDE COPY OF SIGNED CONTRACT	JBMITTED WITH APPLIC	ATION		
C	OFFICE USE ONLY:				
APPLICATION SUBMITTAL DATE:					FACILITATOR'S INITIAL
RMIT NUMBER(S):					
DESCRIPTION OF WORK:					
	RESIDENTIAL		COM	MFRCIA	1
	RESIDENTIAL		COMI	MERCIA	۱L
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	N: OTHER (describe) ANY - required:	PARCEL ID #:			NL R'S PHONE # AREA CODE:
LOCATION INFORMATIO ROOF TOP NAME OF POWER COMP RESIDENTIAL PROJECT: - C PROPERTY OWNER'S NAME:	N: OTHER (describe) ANY - required:		PROP	PERTY OWNER	r's phone # Area code:
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CONTRACTOR/INSTALLER CONT	ON: STATE LICENSE (LLR) #:						
BUSINESS NAME:		D/B/A:					
BUSINESS MAILING ADDRESS:		CITY:		STATE:	ZIP:		
BUSINESS CONTACT'S NAME:		BUSINESS PHONE # AREA CODE:					
BUSINESS CONTACT'S EMAIL ADDRESS:				I			
(*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. City of Liberty BUILDING CODES FEE SCHEDULE - EFFECTIVE July 6, 2020 FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE							
 DWELLING: Must be designed and installed in accordance with manufacturer's specifications, the SCRC and NFPA-70. COMMERCIAL: Must be designed and installed in accordance with manufacturer's specifications, the SCBC an NFPA-70. Roof structures that provide support for PV panel systems shall be designed by a registered SC Structural Engine If no additional support is required for the roof a stamped letter must be provided from the engineer. Designs that require additional roof support must obtain a building permit. 							
IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/co WILL BE NONREFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REI INCLUDING THE MININMUM FEE.	For 2nd and sul FUNDABLE, A 3% CONVEN	bsequent insp IENCE FEE V		\$53.00 per e	ENEWAL &/or UPDATE FEE each renewal. DEBIT CARD PAYMENTS. CHECKS.		

SIGNATURE:

By signing this application, I hereby certify t	hat I am the owner or an authorized agent of the own	er 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 nu	Ill and void and that I may be responsible for violation of other related
laws and local ordinances. The Department C	of Building Safety shall be notified of any changes in the	approved plans or specifications for the project as permitted.
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