

Town of Fairfax 526 Memorial Drive Allendale, SC 29810 803-584-3438

## SWIMMING POOL 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:	RESIDENTIAL			F	ACILITATOR'S INITIAL	
PERMIT NUMBER(S): COMMERCIAL						
DESCRIPTION OF WORK:						
LOCATION INFORMATION						
IN GROUND POOL	ABOVE GROUND	POOL OTH	HER (hot tub, e	tc.)		
RESIDENTIAL PROJECT: - Con	nplete this section	PARCEL ID #:				
PROPERTY OWNER'S NAME:		•	PRC	PERTY OW	NER'S PHONE #:	
PROPERTY OWNER'S MAILING ADDRESS:		CITY:	1	STATE:	ZIP:	
INSTALLATION STREET ADDRESS:		CITY:		STATE:	ZIP:	
PROPERTY OWNER'S EMAIL ADDRESS:				<u> </u>		
COMMERCIAL PROJECT: - c	omplete this section	PARCEL ID #:				
PROPERTY OWNER'S NAME:			PRC		NER'S PHONE #:	
NAME OF BUSINESS/LESSEE:		SHOPPING CENTER	( R / DEVELOPMENT	NAME:	-	
				T		
BUSINESS MAILING ADDRESS:		CITY:		STATE:	ZIP:	
INSTALLATION STREET ADDRESS:		CITY:		STATE:	ZIP:	
PROPERTY OWNER'S EMAIL ADDRESS:					1	

CONTRACTOR/INSTALLER CONTACT INFORMATION:				F3F7>;57@E7/>>Dfi°,		
BUSINESS NAME:			D/B/A:			
BUSINESS MAILING ADDRESS:		CIT	Υ:	STATE: ZIP:		ZIP:
BUSINESS CONTACT'S NAME:			BUSINESS PHONE #:		<u> </u> E#: -	
BUSINESS CONTACT'S EMAIL ADDRESS:			BUSINESS CONTACT'S PHONE #:		ACT'S PHONE #:	
LICENSED ELECTRICIAN: - ***	MUST PROV	IDE A COPY C	F LICENS	E ***		
NAME OF ELECTRICIAN:				FF3F7>;57@E7/>>Dfi*,		
ELECTRICIAN'S EMAIL ADDRESS:				ELECTRICIAN'S PHONE #: ( ) -		
(*A) CONTRACT AMOUNT: \$			Do you have a current business license? Yes, #: No			
CONTRACTORS: YOU MUST PURCHASE A	CITY BUSINE	SS LICENSE I	N ORDE	R TO OBTAIN	A PERMIT AN	ID CONDUCT WORK.
BUILDING COE FEE SCHEDUL					-	
<ul> <li>Pool Fence or Barrier Agreen</li> <li>Temporary construction barr</li> <li>Permanent fence/barrier mus</li> <li>Submit full set of construction projects.</li> </ul>	nent is requi ier must be st be installe	installed aft d prior to fi	ess this per excav	permit. vation. ection.	al	
RE-INSPECTION FEE  For 2nd and subsequent inspections						
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 MININMUM FEE.					LL CREDIT/DEBIT	CARD PAYMENTS.

SIGNATURE:		
that all information in this application is collaws. I understand that if any information for violation of other related laws and specifications for the project as permitted.	rrect and that all work will comply with the South Ca provided is found to be incorrect or falsely stated th local ordinances. The Department Of Building Safe	owner or company performing work stated above. I further certify arolina State Building Code and all other applicable state and local nat this permit will be null and void and that I may be responsible ety shall be notified of any changes in the approved plans or n 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 poor in accordance with Section 3109 of the South Carolina Building C ode which has been adopted by the Town of Fairfax, 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 fir installation of a permanent barrier is instal	nal inspection will not be conducted until the led 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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