



129 Rowes Pump Dr.  
PO Box 95  
Rowesville, SC 29133  
803-534-2745

# RESIDENTIAL 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: \_\_\_\_\_

PERMIT(S) NUMBERS: \_\_\_\_\_

PLANS APPROVED? YES \_\_\_\_\_ NO \_\_\_\_\_

**FEES:**

PLAN REVIEW..... \$ \_\_\_\_\_

PERMIT..... \$ \_\_\_\_\_

CONVENIENCE FEE..... \$ \_\_\_\_\_

TOTAL ..... \$ \_\_\_\_\_

Flood \_\_\_\_\_

PW \_\_\_\_\_

FACILITATOR'S INITIALS

**PROPERTY LOCATION/ADDRESS:**

Parcel ID #:

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
w/Area Code

PROPERTY OWNER EMAIL ADDRESS: \_\_\_\_\_

**CONTRACTOR/OWNER INFORMATION:**

STATE LICENSE (LLR) #:

BUSINESS NAME: \_\_\_\_\_ D/B/A OR OWNER NAME: \_\_\_\_\_

RESPONSIBLE PARTY MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
W/AREA CODE

EMAIL ADDRESS: \_\_\_\_\_ CONTACT'S PHONE #: \_\_\_\_\_  
W/AREA CODE

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF WORK (check all that apply):**

	NEW	REMODEL	REPAIRS	ADDITION
TOTAL SQUARE FEET: <i>(This includes all areas under a roof)</i>				NUMBER OF BEDROOMS:
TOTAL HEATED SQUARE FEET:				NUMBER OF BATHROOMS:
TOTAL UNHEATED SQUARE FEET:				FIREPLACE (Y/N)

<b>UTILITIES / SEWER:</b>		SEWER: Plans Required for New Construction or Adding Fixtures: Two (2) Copies of Site and Drainage Plans
POWER COMPANY:		SEWER:
GAS COMPANY:		CITY/TOWN OF:
		<b>PAID RECEIPT REQUIRED</b>
<b>CONTRACT AMOUNT: (*A)</b>	\$ _____	Do you have a current business license? Yes, #: _____ No _____
<b>CONTRACTORS: YOU MUST PURCHASE A CITY BUSINESS LICENSE IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.</b>		
<b>A COPY OF THIS LICENSE MUST BE INCLUDED WITH THE APPLICATION.</b>		
<b>Town of Rowesville</b> <b>BUILDING CODES FEE SCHEDULE - EFFECTIVE August 1, 2020</b> <b>FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE</b>		
<b><u>IMPORTANT NOTES (Please Read)</u></b>		
<p>* For individuals wishing to build, repair 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.</p> <p>* In the event of a request for cancellation or refund of a permit, if granted, the minimum permit fee will be non-refundable.</p> <p>* <b>A 3% convenience fee will be added to all Credit/Debit card payments.</b></p> <p>* <b>There will be a \$30.00 service fee on all returned checks.</b></p>		
<b>SIGNATURE:</b>		
<p>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.</p> <p>All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.</p>		
APPLICANT NAME (PRINTED):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:	APPLICANT'S PHONE W/AREA CODE:	
APPLICANT'S SIGNATURE:		

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

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