

# RESIDENTIAL ADDITION / ACCESSORY / DECK 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**

**(\*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK**

**OFFICE USE ONLY:**

APPLICATION SUBMITTAL DATE: \_\_\_\_\_ B \_\_\_\_\_ F \_\_\_\_\_ FLOOD \_\_\_\_\_ Z \_\_\_\_\_

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

FACILITATOR'S INITIALS

ZONING APPROVED? YES \_\_\_\_\_ NO \_\_\_\_\_

**PROPERTY LOCATION/ADDRESS: - Complete this section**

Parcel ID #:

ZONING DISTRICT:		PROPERTY ACRES:	SUBDIVISION NAME:		
STREET ADDRESS:		CITY:	STATE:	ZIP:	
PROPERTY OWNER'S NAME:			NEW OWNER: YES                      NO		
PROPERTY OWNER'S MAILING ADDRESS:		CITY:	STATE:	ZIP:	
PROPERTY OWNER'S EMAIL ADDRESS:			PROPERTY OWNER'S PHONE # WITH AREA CODE:		

**PROPERTY AND USE:**

**NOTE: IF THE PROPERTY OWNER IS PERFORMING THE WORK OR IS TAKING  
RESPONSIBILITY FOR THE PROPOSED WORK, THE OWNER MUST COMPLETE  
THE "Residential Disclosure Certification Form"**

<p>Is the property owner performing this work? Yes _____ (if yes, skip contractor section below) NO _____</p>	<p>Property Description: Owner Occupied                      Rental/Lease                      Sale</p>
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**CONTRACTOR CONTACT INFORMATION:**

STATE LICENSE (LLR) #:

BUSINESS NAME:		D/B/A:			
BUSINESS MAILING ADDRESS:		CITY:	STATE:	ZIP:	
CONTACT'S NAME:	BUSINESS PHONE # WITH AREA CODE:		CONTACT'S MOBILE PHONE # WITH AREA CODE:		
CONTACT'S EMAIL ADDRESS:					



## IMPORTANT NOTES

- For individuals wishing to build 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.

IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM 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 MINIMUM FEE.

**A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.**

**THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.**

### **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.

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 # 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***



The purpose of this handout is to provide homeowners and contractors with a plan sheet that can be completed and used when submitting a deck permit application.

**\*\*In order for this plan sheet to be accepted for review, all fill in the blank items below must be completed\*\***

