

Planning and Development Department - Permit Application Center

P.O. Box 11706 or 155 Johnston St.

Rock Hill, SC 29731-1706

Ph: 803-329-5590 Fax: 803-329-7228 -- website: www.cityofrockhill.com



Date: _____

BUILDING PERMIT APPLICATION

Owner: _____ Phone #: _____

Owner Address: _____ City St Zip: _____

Construction Address: _____ Subdivision: _____ Lot #: _____

Contractor Name: _____ Phone #: _____ Email: _____

Contractor Address: _____ SC State Lic #: _____ BL #: _____

Description of Work: _____

***Notice: Prior to any demolition, interior or exterior, you may be required to obtain an asbestos survey. Contact the South Carolina Department of Health and Environmental Control for further information.**

What will this building be used for? [] Non-Residential [] Single Family Residential [] Multi-Family Residential [] Other _____

If non-residential OR other please list type of business or use: _____

Heated/Conditioned SF: _____ Unheated: _____ # Bedrooms: _____ # Baths: _____ Stories: _____ # of Buildings: _____ # of Units: _____

Valuation of Work: \$ _____

Total cost of project (includes site development, professional design, and all subcontractors) excluding land cost

Electrical Contractor: _____ Telephone # _____ State # _____

Electrical Contractor Address: _____ Card # _____ BL # _____

Mechanical Contractor: _____ Telephone # _____ State # _____

Mechanical Contractor Address: _____ Card # _____ BL # _____

Plumbing Contractor: _____ Telephone # _____ State # _____

Plumbing Contractor Address: _____ Card # _____ BL # _____

Gas Contractor: _____ Telephone # _____ State # _____

Gas Contractor Address: _____ Card # _____ BL # _____

Is Building Sprinklered? Yes No If yes, please complete the following or contact us when contractor is determined.

Fire Sprinkler Contractor: _____ Telephone # _____ State # _____

Fire Sprinkler Contractor Address: _____ BL # _____

Is this property located in a flood zone? Yes No If yes, what is the flood zone classification? _____

I certify no construction or portion of construction will be built over or under any electrical, water, sewer, storm water or any other utility easements or rights-of-way. _____ (initials).

Will there be lawn irrigation associated with this project? Yes No If yes, a separate [Irrigation System Permit](#) is required.

For projects with entrances on City maintained streets, will you need a culvert installed under your driveway? Yes No (This should apply to properties not located in subdivisions or located in older subdivisions or infill lots.)

For projects with entrances on SCDOT maintained streets, please contact the SCDOT office at (803) 327-6186.

I certify to the best of my knowledge that all information provided herein is true and correct and all work performed under this permit shall conform to the plans and specifications herewith submitted and to the City Building Code and all Laws and Ordinances pertaining thereto. I understand that I must use a contractor licensed or registered with the State of South Carolina if the property for which this application applies is currently rented, leased or listed for sale. If I choose to represent myself as the builder, I understand that I or my immediate family members are required to occupy the property, that only contractors and subcontractors duly licensed as required by the State of South Carolina and the City of Rock Hill must be used to perform work associated with this application and permit, and as owner/builder I may not rent, lease or sell the property for a period of no less than two years from the date of final inspection for which this permit is issued.

IMPACT FEES ARE DUE WITH OTHER APPLICABLE FEES. AN ADMINISTRATIVE APPEAL PROCESS EXISTS FOR THE FIRE PROTECTION IMPACT FEE.

State of South Carolina, County of York, City of Rock Hill

The undersigned authority personally appeared _____ before me who

Signature of Applicant

swears or affirms that he/she is the _____.

Contractor, Owner, or Agent

Subscribed and sworn to before me this ____ day of _____ 20__.

Notary Public

OFFICE USE ONLY

Approved _____ Disapproved _____ Zoning Compliance Certificate Required: [] Yes [] No VALUATION:

Occupancy Type _____ Sub Occupancy Type _____ Construction Type _____ HEATED _____

REASON FOR DISAPPROVAL: _____ UNHEATED _____

_____ TOTAL _____