

Greenville County

Greenville County Square
301 University Ridge, Suite 4100, Greenville SC 29601-3686
Phone (864) 467-7060

TOWNHOUSE CONSTRUCTION APPLICATION

COMMERCIAL PLAN REVIEW AND 2 SETS OF PLANS ARE REQUIRED
APPLICATIONS AND PLANS MUST BE MAILED OR DELIVERED TO OUR OFFICE

Date: _____ Property Owner's Name: _____ Phone No: _____
Exact Address of Property: _____ City: _____ State/Zip: _____
Subdivision Name: _____ Lot No: _____ Tax Map No: _____ Mobile No: _____
Sq. Ft. of House: _____ Sq. Ft. of Basement Heated: _____ Sq. Ft. of Basement Unheated: _____
Sq. Ft. of Attached Garage: _____ Total Sq. Ftg. _____
Total No. of Rooms _____ No. of Stories _____ No. of Bedrooms _____ No. of Baths _____

Number of Attached Units this Building _____ Construction Cost per Unit _____

Note: Each Unit must have a separate application.

CONTRACTOR

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____ Fax No: _____
Email: _____

ELECTRICAL CONTRACTOR

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____
No. of Amps: _____ No. of Breakers: _____ Name of Power Company: _____

MECHANICAL CONTRACTOR

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____
No. of Heating Units of each type: Propane _____ Gas Pack _____ Gas Furnace _____ Heat Pump _____ Wood _____
No. of Water Heaters of each type: Gas _____ Electric _____ Name of Gas Company: _____
No. of Gas Appliances: Gas Logs _____ Gas Grill _____ Gas Stove _____ other, give description _____
No. of Fireplaces: Brick _____ Prefab _____ Check here if gas line goes to a Brick Fireplace.

PLUMBING CONTRACTOR

Name: _____ Co. Name: _____ License No: _____ Exp. Date: _____
Mailing Address: _____ City: _____ State/Zip: _____
Phone No: _____ Mobile No: _____
No. of Plumbing Fixtures: _____ (Including but not limited to: kitchen sink, dishwasher, garbage disposal, hot water heater, washer, laundry sink, all bathroom fixtures) Septic Tank _____ OR Sewer _____

EXACT DIRECTIONS TO JOB SITE (from a main road): _____

For information regarding culverts, driveways, or encroachment permits, contact 467-7016 if the property is on a county road or 241-1224 if the property is on a state road.

The applicant hereby certifies and agrees as follows: 1) That he/she is authorized to make this application; 2) That he/she has read the above information and it is true and correct; 3) That he/she will comply with all County of Greenville ordinances, laws and regulations, all State and Federal Laws and regulations regulating the use of land and structures and the construction of structures; 4) That he/she will perform only the work outlined above at the property indicated above; 5) That he/she grants the right of entry to the property to the Building Official or employees of the County of Greenville for the purpose of inspections, and posting of notices. If any of the information supplied by the owner and/or owner's agent is incorrect, the permit may be revoked.

THIS PERMIT WILL BECOME INVALID WITHIN 6 MONTHS FROM DATE OF ISSUE IF: WORK HAS NOT COMMENCED, IF AN INSPECTION HAS NOT BEEN REQUESTED, OR IF WORK HAS BEEN SUSPENDED FOR A PERIOD OF 6 MONTHS.

This permit is permission to proceed with construction and shall not be construed as authority to violate, alter or set aside any of the provisions of the Building Code and any other applicable laws or ordinances, nor shall the issuance of this permit prevent the Building Official from requiring correction of errors in construction documents or of violations of the Building Code of the County of Greenville, South Carolina.

DATE: _____ BY OWNER OR AUTHORIZED AGENT: _____

PRINT NAME: _____

DATE: _____ APPROVAL OF CODE ENFORCEMENT STAFF: _____

Permit#: _____ Employee Initials: _____ Cost of Permit: \$ _____

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ZONING APPLICATION

APPLICATION MUST BE SUBMITTED WITH TOWNHOUSE CONSTRUCTION APPLICATION

Proposed Business Name: _____ Phone No: _____
Property Owner's Name: _____ Phone No: _____
Exact Address of Property: _____ City: _____ State/Zip: _____
Tax Map No: _____ Business Park Name: _____ Lot No: _____
Email: _____

This application is for: Townhouse

Proposed Use: Single Family Residential

Exact Directions to Job Site: _____

IF PROPERTY IS IN A ZONED AREA OF THE COUNTY,
ZONING WILL BE VERIFIED AND ALL REQUIREMENTS MUST COMPLY WITH THE ZONING ORDINANCE.

NO OCCUPANCY SHALL OCCUR PRIOR TO ISSUANCE OF THE CERTIFICATE OF OCCUPANCY

The applicant hereby certifies and agrees as follows: 1) That he/she is authorized to make this application; 2) That he/she has read the above information and it is true and correct; 3) That he/she will comply with all County of Greenville ordinances, laws and regulations, all State and Federal Laws and regulations regulating the use of land and structures and the construction of structures; 4) That he/she will perform only the work outlined above at the property indicated above; 5) That he/she grants the right of entry to the property to the Building Official or employees of the County of Greenville for the purpose of inspections, and posting of notices. If any of the information supplied by the owner and/or owner's agent is incorrect, the Permit/Certificate may be revoked.

This Application is permission to proceed with the project in accordance with the Zoning Ordinance and shall not be construed as authority to violate, alter or set aside any of the provisions of the Building Code and any other applicable laws or ordinances, nor shall the issuance of this permit prevent the Building Official or Zoning Administrator from requiring correction of errors in project documents or of violations of the Building Code or Zoning Ordinance of the County of Greenville, South Carolina.

Any information and documents submitted to the County of Greenville, for the purpose of Construction Document review and approval, becomes subject to the South Carolina Freedom of Information Act (SC Code of Laws, 1976 as amended, Title 30, Chapter 4) and may be subject to public inspection and review.

DATE: _____ BY OWNER OR AUTHORIZED AGENT: _____

PRINT NAME: _____

DATE: _____ APPROVAL OF ZONING OFFICIAL: _____

Zoning Classification: _____

Permit No: _____

NOTES: _____
