Date Received:

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1.2.3.4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also, part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 & 6) are for department use only.

App. Date	Type Permit		Is Owner Applicant
_____/_____/_____	◯ Building (B) ◯ Electrical (E) ◯ Mechanical (M) ◯ Plumbing (P) ◯ Other (O) (See Item 9).		Yes ◯ No ◯

1. Property Information

Street Address	Apt	Zip	Parcel #	Zoning
Subdivision	Lot Number	Parcel Type	☐ Residential(R) ☐ Commercial (C)	☐ Industrial(I) ☐ Other (O)

2. Owner Information

First Name	Last Name or Business Name		Phone	
Street Address		City	State	Zip

3. Contractors Information

	Name of Contractor	Address	City	State	Zip	License Number
Applicant (not owner)						
Architect/ Engineer						
Genera! Contractor						
Excavation						
Concrete						
Carpentry						
Electrical						
Plumbing						
Sewer						
Mechanical						
Roofing						
Masonry						
Drywall or Lathing						
Sprinkler						
Paving						
Fire Alarm						

4. Contractors Information

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and agree to conform to ail applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT ADDRESS PHONE NO.

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE NO.

No. Street

5. _____

Fire Dept. Use Only	Requested Plan No. Assignment (Y/N)	PROPOSED USE:	INSTITUTIONAL	◯ Other (24)
Plan Number		Assembly ◯ Theater (1) ◯ Night Club (2) ◯ Restaurant (3) ◯ Church (4) ◯ Other Assembly (5) ◯ Business (6) Educational ◯ Grades 1-12 (7) ◯ Day Care Facility (8) Factory ◯ Moderate Hazard (9) ◯ Low Hazard (10) ◯ High Hazard (11)	◯ Group Home (12) ◯ Hospital (13) ◯ Jail (14) ◯ Mercantile (15) Residential ◯ Hotel, Motel (16) ◯ Multi-Family (17) ◯ Boca Two Family (18) ◯ Cabo Two Family (19) ◯ Boca Single Family (20) ◯ Cabo Single Family (21) Storage ◯ Moderate Hazard (22) ◯ Low Hazard (23)	Parking Garage Carport Motor Fuel Service Repair Garage Public Utility HPM _____ _____ _____ _____ _____ _____ _____
New Improvement Type: ◯ New Construction (1) ◯ Addition (2) ◯ Alteration (3) ◯ Repair/Replacement (4) ◯ Demolition (5) ◯ Relocation (6) ◯ Foundation Only (7) ◯ Change of Use (8)				

Structural Frame (check those applicable)	Exterior Walls (check those applicable)
◯ Steel (1) ◯ Masonry (2) ◯ Concrete (3) ◯ Wood (4) ◯ Other (5) Identify: _____	◯ Steel (1) ◯ Masonry (2) ◯ Concrete (3) ◯ Wood (4) ◯ Other (5) Identify: _____

Are any structural assemblies fabricated off-site? ◯ Yes ◯ No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. Feet)
Front Setback (Feet)	Bedrooms (Number)	Building Area (Sq. Feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. Feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. Feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. Feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. Feet)
New Residential Units (Number)	fireplaces (Number)	Office/Sales (Sq. Feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. Feet)
Elevators I Escalators (Number)	Outside Parking (Number)	Manufacturing (Sq. Feet)
Est Start Date:	Est. Finish Date:	Building Est. Value: $

6. Electrical Permit Application

***Electrical Work*?** Yes / No

Total Service _____ AMPS	Number of Circuits: ____ 2 Wire ____3 Wire ____ 4 Wire	Number of Service Outlets: _____110V _____200V

	Power Devices	No.	Output/Load		Power Devices	No.	Output/Load
1				7			
2				8			
3				9			
4				10			
5							
6				Total Number of Motors			

Utility Service Revisions:

_____

_____

_____

Est Start Date:	Est. Finish Date:	Building Est. Value: $

7. Plumbing Permit Application

***Plumbing Work*?** Yes / No

Enter the Number of Fixtures Being Installed, Replaced or Repaired					
Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (YI N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y I N) (Number of Heads)	
Garbage Disposals				Lawn Sprinkles (Y I N) (Number of Heads)	
				Total Fixtures	

Public Water (Y/N)	Public Sewer (Y/N)	
Utility Service Revisions:		
Est Start Date:	Est. Finish Date:	Plumbing Work Est. Value: $

8. Mechanical Permit Application

***Mechanical Work*?** Yes / No

Enter Number of New or Replacement Units					
Forced Air Furnace		Incinerator		Air Handling unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System NC		Hazardous Exhaust System	
Solid Fuel Appliance		NC Compressor		Electric Furnace	

Utility Service Revisions:

_____

_____

_____

Type of Heating Fuel: Check One

◯ Gas (1) ◯ Oil (2) ◯ Electric (3) ◯ Coal (4) ◯ Wood (5) ◯ Other (6) _____

Est Start Date:	Est. Finish Date:	Mechanical Est. Value: $

9. Other Required Permit Application(s)

Permit Type:

Description of Work:

_____

_____

_____

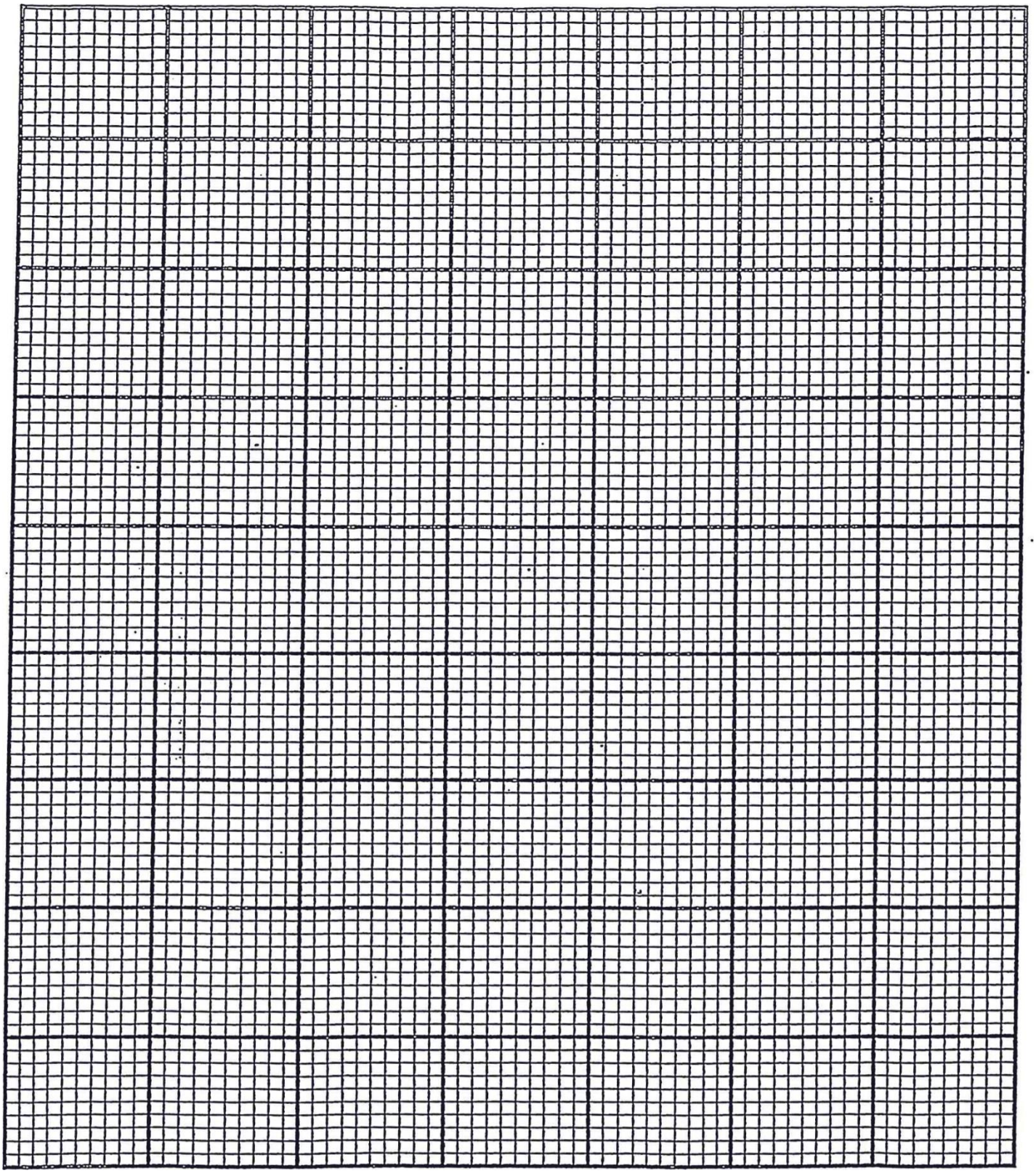
_____

_____

Est Start Date:	Est. Finish Date:	Est. Value: $

10. Site Plan

(Show lot lines, easements and work Layout and dimensions)



SCALE = 1 Inch = _____ Feet

Pages 5 & 6 are for DEPARTMENT USE ONLY

11. Date Entry

Application Received: _____/_____/_____ by _____

Application Reviewed: _____/_____/_____ by _____

Date Entry: _____/_____/_____ by _____

12. Flood Plan Evaluation

Flood Map Number and Date: _____ Lowest Floor Elevation _____
Flood Zone _____ Base Flood Elevation _____

13. Zoning Plan Evaluation

Zoning District _____ Map Number _____
Lot Area (from Page 2) _____ Lot Coverage (%) _____
Lot Area Per Room _____ Encroachments_____
Loading Space _____ Provided _____
Loading Space _____
Signs; Number_____ Size of Each Sign _____
_____
Planning Commission Approval Required _____
Board of Zoning Appeals Approval Required _____

14. Plan Review Record

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
Building		$					
Plumbing		$					
Mechanical		$					
Electrical		$					
		$					
Total		$					

15. Additional Permits Required

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roofing				
Elevator					Sewer				
Furnace					Sign or Billboard				
Grading					Street Grades				
Oil Burner					Use of Public Areas				

Total Valuation of Construction, Alterations or Repair of Structure	Fee
$500 or less	No fee, unless an inspection is required in which case a $35 fee shall be charged
$501 to $50,000	$35 for the first $500 plus $5 for each additional 1,000 or fraction thereof, to and including $50,000
$50,001 to $100,000	$260 for the first $50,000 plus $4 for each additional 1,000 or fraction thereof, to and including $100,000
$100,001 to $500,000	$460 for the first $100,000 plus $3 for each additional 1,000 or fraction thereof, to and including $500,000
$500,000 and up	$1,660 for the first $500,000 plus $2 for each additional 1 ,000 or fraction thereof

(B) Plan reviewfee. A plan review fee shall be equal to one-half of the building permit fee.

(C) Moving fee. For the moving of any building or structure, the fee shall be $100.

(D) Demolition fees.

0 - 100,000 cubic feet $50
100,000 cubic feet and over $0.50 per 1,000 cubic feet

(E) Penalties. Where work for which a permit is required by adopted building codes is started or proceeded prior to obtaining said permit, the fees herein specified shall be doubled, but the payment of such double fee shall not relieve any persons from fully complying with the requirements of the adopted building codes in the execution of the work nor from any other penalties prescribed herein. (Ord. 2009-05, passed 8-17-09)

UNFIT BUILDINGS

150.10 LEGISLATIVE ENDINGS

(A) The town finds that there exists in the town certain buildings which are unfit for human habitation due to:
2010 s-13

Town of Kingstree

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

PHONE NUMBER: (843) 355-7484
FAX NUMBER: (843) 355-3004

APPLICATION FOR PLANS EXAMINATION AND BUILDING PERMIT