

BUILDING PERMIT APPLICATION
 Town of Cheraw
 P.O. Box 219
 Cheraw, S.C. 29520
 843-537-8400 Fax: 843-537-8407

MINIMUM REQUIRED
48 hr. WAITING PERIOD

Application is hereby made for a permit to cover the following work (*check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> NON RESIDENTIAL |
| <input type="checkbox"/> Construction of a new building | <input type="checkbox"/> Construction of a new building |
| <input type="checkbox"/> Repair/Alteration of an existing building | <input type="checkbox"/> Repair/Alteration of existing building |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Moving Building |
| <input type="checkbox"/> Installation of Swimming Pool | <input type="checkbox"/> Fire Repair |
| <input type="checkbox"/> Historical District | <input type="checkbox"/> An Addition |
| <input type="checkbox"/> Addition of Building | <input type="checkbox"/> Accessory Structure (Shed) |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Parking Lot Expansion |
| <input type="checkbox"/> Moving Building | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Landscaping Plan/Alteration |
| | <input type="checkbox"/> Other _____ |

Address/Location of Project: _____

_____ Tax Map# _____

Property Owner: _____ Address: _____

Phone Number of Owner: _____ E-Mail: _____

Contractor: _____ Address: _____

E-Mail Address _____ Phone Number: _____

Phone number of Contractor: _____ Contractor's License # _____

Description of Building or Proposed Use: (*Please fill in & mark all that apply*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Single Family Residential | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Medical Building | <input type="checkbox"/> Retail Building |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Church | <input type="checkbox"/> Apt. Building |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Other _____ |

Description of work in detail: _____

*Will exterior of the Building be changed by painting, siding, etc?: YES NO
 If yes, what color: _____ (Please attach color sample)

Previous use of building: _____ Present Use of building: _____

Kinds of materials to be used: (i.e., wood, concrete, block, brick, etc.) _____

Estimated Total Cost of Project: \$ _____

If party sub-contracted, list all specific contractors and the value of their work:

Plumbing: _____	Cost: \$ _____
Electrical: _____	Cost: \$ _____
Heating & A/C: _____	Cost: \$ _____
Ceramic Tile: _____	Cost: \$ _____
Sanding & Linoleum: _____	Cost: \$ _____
Roofing: _____	Cost: \$ _____
Glazing: _____	Cost: \$ _____
Painting: _____	Cost: \$ _____
Brickwork: _____	Cost: \$ _____

Total of Sub-Contractor Costs:

\$ _____

OFFICE USE ONLY

Permit No.: _____ Fee Received: _____ Date: _____ Issued by: _____

Planning/Zoning Review: _____

Signature

Date

**Properties in Historic District must be approved by the Board of Architectural Review*

The information given on this application is accurate to the best of my knowledge. All provisions of laws or ordinances governing this work will be complied with, whether specified in this application or not. Granting a permit does not give authority to violate or cancel the provisions of any other state or local law regulating construction or construction performance.

Signature of Applicant

Building Official