

HORRY COUNTY PERMIT APPLICATION

(Must be fully completed in ink)

FLOOD ZONE _____
 BFE _____
 PANEL# _____
 ECERT REQ _____
 APPROVED _____

DATE IN _____
 FEES PD \$ _____ P/R _____ Z _____
 CLERK _____
 REF _____
 APPD _____ DATE _____

 Name on Owner (as listed on Tax Books) Telephone

 Mailing Address City State Zip

 Site Address Subdivision Lot#

 Project Name Bldg # of Units Occupant Load

Type of Work: New() Addition () Alter () Repair () Move () Demolish () Other _____

Use of Improvements: Single Family() Mobile Home() Duplex() Apartment() Commercial () Institutional () Utility ()

Warehouse() Manufacturing() Condo() Industrial() Farm Building() Sign() Other _____

Type of Construction: Metal() Wood() Steel() Concrete() Other _____

Exterior: Brick() Conc. Block() Stone() Brick Veneer() Stucco() Metal() Wood() Glass () Vinyl () Other _____

No of Stories _____ No. of Bedrooms _____ No. of Baths _____ No. of Half Baths _____ Total # Rooms _____

Type of Heating: Central Air Cond.() Heat Pump() Other _____ Sprinkler Req _____ Provided _____ N/A _____

Type of Fuel: Oil() Gas() Electricity() Wood() Other _____

Unheated areas: Garage () Carport () Porches () Decks () Masonry Fireplaces # _____

Total No. of Square Feet _____ Heated Space _____ Unheated _____

Description: _____

Value of Construction	\$ _____	Zoning Inspection Yes () No ()	Permit # _____
Building Permit Fees	\$ _____		Mobile Home Sticker # _____
Zoning Fees	\$ _____		Farm # _____
M I G C Fire Fee	\$ _____		Plan / Bin # _____
	\$ _____		App Code _____
TOTAL FEES	\$ _____		HC Business License # _____

Contractor or Builder _____ Tele # _____ State License # _____

Address _____ Email _____

Architect or Engineer _____ Tele # _____ Fax # _____

Address _____ Email _____

 Estimated Date of Completion TMS / PIN # Dist # Zone Verified

**THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY
 ORDINANCE OR OTHERWISE BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.**

Issued By _____ Signature _____
 Owner () Contractor () Agent ()

Date _____ Print Name _____