

**BUILDING PERMIT  
APPLICATION**

**City of York  
10 North Roosevelt St.  
P.O. Box 500  
York SC 29745**

Phone -803-684-2341

Fax - 803-628-0562

Permit Number (to be issued): \_\_\_\_\_ Date: \_\_\_\_\_

Description of work: \_\_\_\_\_

Address of work: \_\_\_\_\_

Heated Sq ft: \_\_\_\_\_ Garage sq ft: \_\_\_\_\_ Accessory/storage building sq ft: \_\_\_\_\_ Porch/deck sq.ft: \_\_\_\_\_

Tax Map # \_\_\_\_\_ Zoning District: \_\_\_\_\_ **Valuation of work:** \_\_\_\_\_

**TYPE OF PERMIT**

BUILDING \_\_\_\_\_ MECHANICAL \_\_\_\_\_ DEMOLITION \_\_\_\_\_  
ELECTRICAL \_\_\_\_\_ PLUMBING \_\_\_\_\_ OTHER \_\_\_\_\_

Special Conditions: Each subcontractor must purchase a city business license prior to the issuance of a Certificate of Occupancy; otherwise, the general contractor and/or owner shall be responsible for obtaining such city licenses.

Owners Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contractor/Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contractor Type: \_\_\_\_\_

State ID Number: \_\_\_\_\_ City ID #: \_\_\_\_\_

Each permit becomes null and void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after the work is commenced. Pursuant to SC Code section 15-3-640 you have the right to contract for a guarantee of the structure being free from defective or unsafe conditions beyond thirteen years after substantial completion of the improvement for which the permit is issued.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state law regulating construction or the performance of construction.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Permit fees: _____	Capacity Fee/P.W.Dept: _____
Business License: _____	Total fees: _____
(Adjustment if applicable): _____	Total paid: _____