BUILDING PERMIT APPLICATION

Application must be completed prior to requesting a permit

City of Fountain Inn Public Works Department
200 North Main Street • Fountain Inn, SC 29644
Phone: (864) 409-3334 • Fax (864) 908-3569 • Email: public.works@fountaininn.org

Date: _____________________________
Street Address: _________________________________ Suite/Unit/Space: _________________________________
Subdivision Name: _________________________________ Telephone No: _________________________________
Owner/Tenant/Business Name: _________________________________ Tax Map #: _______ - _______ - _______ - _______

Use:       Single Family ___ Multi-Family ___ Duplex ___ Garage/Carport ___ Retail/Restaurant ___ Office ___
           Hotel ___ Hospital/Medical ___ Church/School ___ Gas/Garage ___ Other: _________________________________
Brief Description of job: _________________________________

Type of Work:       New Building ___ Addition ___ Alteration ___ Repair ___ Other: _________________________________

Site Drawing Attached: _______ Property Line Staked: _______ Zoning: _________________________________
Setback _______ Front _______ Rear _______ Side _______ Rear Yard Only _______
For New Construction: Square footage of addition or new building: _________________________________
Baths: _______ Half Baths: _______ Bedrooms: _______ # Buildings: _______ # Units _______ # Stories: _______
Roofing: Tar/Gravel ___ Shingle ___ Wood ___ Metal ___ Built Up ___ Other: _______________________________

Contract Amount: $ _____________________________ Base Fee: $ _______ $40.00

Valuation (See Valuation Chart) $ _____________________________
Additional Gross Receipts to Business License $ _____________________________
Residential Heated (Sq. Ft.) _______ x $84.71 _______ $ _____________________________
Commercial Heated (Sq. Ft.) _______ x $91.59 _______ $ _____________________________
Basement Area _______ x $45.00 $ _____________________________
Unfinished Area _______ x $15.00 $ _____________________________
Garage/Utility _______ x $32.90 $ _____________________________
Grading $40.00 1st $8,000- see valuation chart $ _____________________________
Swimming Pool $40.00 1st $8,000- see valuation chart $ _____________________________
Review Fee $ _____________________________
Total Permit Fee $ _____________________________

(OVER)
RESIDENTIAL PROPERTY OWNERS DOING THEIR OWN WORK: Homeowner exemption form must be completed and All persons hired to perform work must be properly licensed by the Residential Builders Commission or Contractor’s Licensing Board and have a current City of Fountain Inn business license. List of Contractor’s and Sub Contractors must be attached to this application. VIOLATION OF ANY PART OF THIS AGREEMENT SHALL VOID ALL PERMITS.

Signed Property Owner: ___________________________ Date: ___________________ Phone: ____________

Contractor: _______________________________ Phone: _______________ Fax ___________
Contact Name _______________________________ Phone _______________ Cell ___________
Address: _________________________________________________________________

State License Agency (Choose One): South Carolina Contractor’s Licensing Board: ____________
South Carolina Residential Builders Commission: ____________

Architect: _______________________________ Phone: _______________ Fax: _______________

By signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state law and local ordinances.

This permit becomes null and void if work or construction authorized is not commenced within six months, or if work or construction is suspended or abandoned for a period of six months after commencing.
Permit fees are non-refundable and non-transferable.

Please Print Name: _______________________________________

Signed: ______________________________________________ Date: ___________________