



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:** _____