



SPARTANBURG COUNTY COMMERCIAL APPLICATION

APPROVED BY: _____ DATE: _____
PLAN REVIEW APPROVAL

- Septic/Sewer
Mechanical
Electrical
Plumbing
Other

PERMIT TYPE: COMMERCIAL MODULAR OTHER

SITE INFORMATION: PLEASE PRINT CLEARLY:

ADDRESS OF CONSTRUCTION:
CITY: STATE: ZIP:
PARCEL #: FIRE DISTRICT: SPRINKLER REQUIRED? YES NO

PROPERTY OWNER INFORMATION:

OWNER NAME:
MAILING ADDRESS: CITY: STATE: ZIP
DAYTIME PHONE: E-MAIL:

PROJECT INFORMATION:

PROJECT NAME:
WORK DESCRIPTION:
NEW CONSTRUCTION ADDITION ACCESSORY USE INTERIOR UPFIT OTHER
FRAME: STEEL OTHER: FOUNDATION: SLAB CRAWL OTHER:
ROOF TYPE: METAL OTHER: # OF UNITS/ TENANTS TYPE OF OCCUPANCIES
EXTERIOR: (METAL, BRICK, ETC) CONSTRUCTION TYPE:
STORIES: BATHROOMS: BEDROOMS:
TOTAL SQFT: HEATED: UNHEATED: TOTAL SQFT:

UTILITIES:

POWER REQUIRED: YES NO ELECTRICAL COMPANY: (REQUIRED)
SERVICE: NEW UPGRADE EXISTING TOTAL AMPS:
GAS COMPANY: HEAT SOURCE: ELECTRIC GAS OTHER
WATER: WELL PUBLIC SEPTIC NEW EXISTING SEWER: NEW EXISTING
**SEWER COMPANY:

**ANY PROJECT SUPPLIED BY SPARTANBURG SANITARY SEWER DISTRICT (SSSD) REQUIRES THAT YOU MEET WITH THEIR STAFF CONCERENING YOUR PROJECT BEFORE PERMITTING BY SPARTANBURG COUNTY BUILDING CODES

SSSD ADDRESS IS 1450 SOUTHPORT RD SPARTANBURG SC 29306

You Must Attached a copy of ALL license and a (Notarized/Company Letter head) Letter for ALL contractors listed below

CONTRACTOR INFORMATION

Email of Contractor/Architect:

General Contractor:

Address _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Total Job Cost: _____

Mechanical Contractor:

Address: _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Job Cost: _____

Electrical Contractor:

Address: _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Job Cost: _____

Plumbing Contractor:

Address: _____
Phone: _____ Fax: _____
Mobile: _____ License # _____
Job Cost: _____

DIRECTIONS LEAVING OUR OFFICE:

****In the event of a refund or cancellation of a permit request, a \$32.00 administrative fee will be charged****

APPLICANT SIGNATURE _____

PRINT NAME _____

DATE _____

****Application must be submitted with 2 sets of drawing.
The application must be completely filled out including all
Contractor information before it can be submitted for approval*
The Plan Reviewer will call when Approved and ready to permit**

PLAN REVIEW FEE WILL BE 1/2 OF ALL PERMITS FEE





CERTIFICATION

OF

CONSTRUCTION COST

Name: _____

Company: _____

Name of Project: _____

Location of Project: _____

(A) Cost per square foot: _____

(B) Total square footage: _____

(C) Total Project cost (A x B): _____

I hereby certify that the foregoing information is true and correct to the best of my knowledge, information and belief.

Company Name

By: _____
Signature

Printed Name

Date: _____

OR

Individual Signature

Individual Printed Name

Date: _____