



ZONING AND CODE ENFORCEMENT SECTION

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Estill, SC 29918-0415

Phone: 803-625-3243

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BUILDING PERMIT APPLICATION ESTILL, SOUTH CAROLINA

1. Application Information

- A. Contact Data
- | Name | Address | Phone |
|---|---------|-------|
| 1. Owner _____ | _____ | _____ |
| 2. Contractor _____ | _____ | _____ |
| (Contractor's License No. _____ Classification _____) | | |
| 3. Arch / Eng. _____ | _____ | _____ |

B. Site Data (for improvements)

1. Lot or parcel area size _____
2. Tax Map Number _____
3. Address _____
4. Are floodways or wetlands on site? No Yes Panel Ref. No. _____
If YES, provide location data and plans for coping with such conditions.

C. Proposed Improvements (circle all that apply or enter requested information)

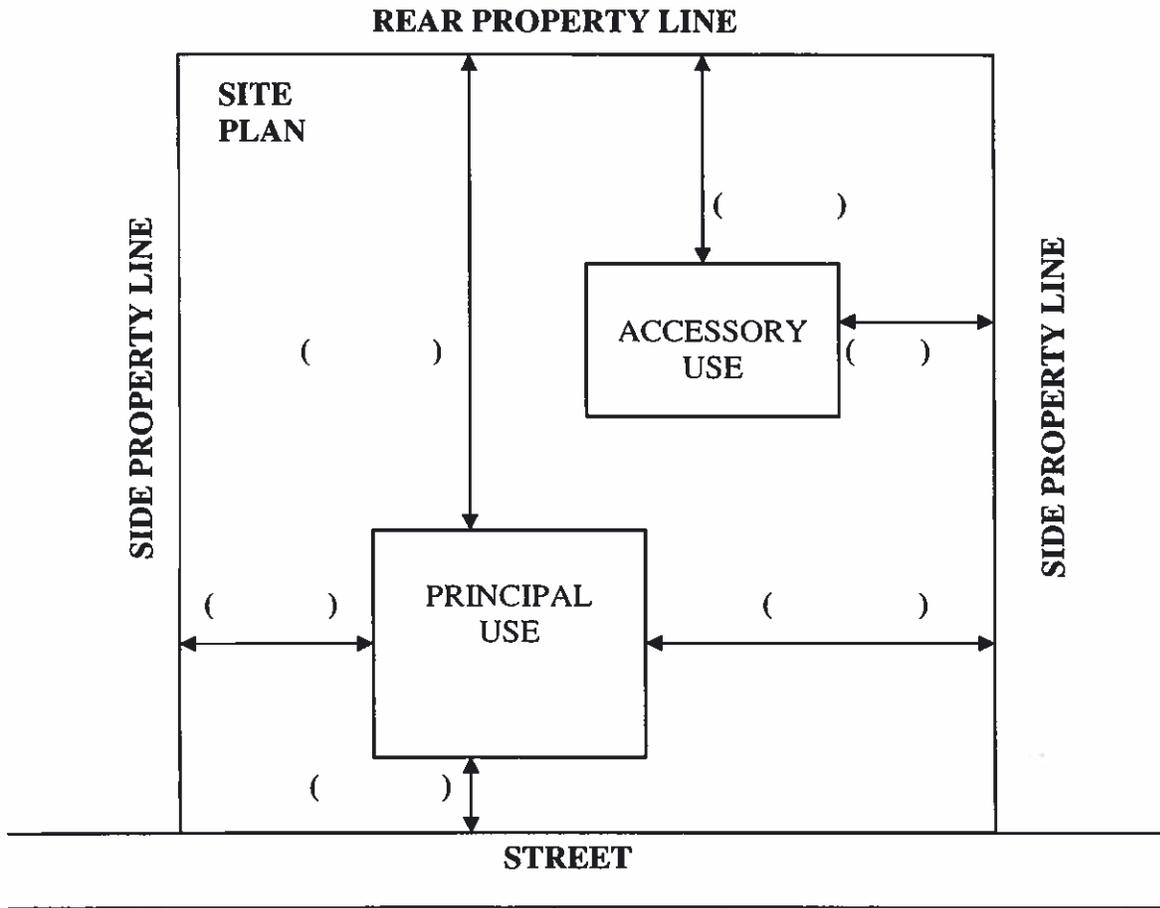
1. Nature of work : ERECT ----- ALTER ----- ENLARGE ----- MOVE ----- DEMOLISH
2. Type of Structure _____
3. Plat/Plan Requirements

A **Site Plan** shall accompany this application for all buildings or structures other than a sign. The Site Plan shall include and show the following or as much thereof as the Zoning Administrator shall find necessary to determine compliance with the Zoning Ordinance:

- a. Date and scale
- b. Shape and dimensions of lot or parcel
- c. Proposed location of buildings and structures
- d. Intended use of buildings
- e. Number of residential units or gross floor area (commercial uses)
- f. Setbacks
- g. Floodways and wetlands, if applicable
- h. Proposed parking areas and number of spaces
- i. Buffer areas, existing trees 10" DBH or larger, and areas to be landscaped
- j. Height and elevation of buildings and structures

In lieu of a Site Plan, applicants for permits involving no more than one occupancy unit (commercial or residential), may use the following diagram to show the location and setbacks for principal and accessory structures, and other applicable requirements.

PROVIDE SETBACK DIMENSIONS



2. Applicant's signature: _____ Date: _____

Permit Approval (to be completed by Building Official)

A. Site Plan # _____ Parcel # _____ Permit Fee \$ _____

B. Finding of Completeness and Issue Authorization

Signature _____ Date: _____