



BUILDING PERMIT APPLICATION

City of Mullins, SC

Applicant to complete numbered spaces only.

Job Address												
1	LEGAL DESCR	LOT NO.	BLOCK	TRACK <small>(☐ See attached Sheet)</small>	Tax Map Number		Owner	Job Address				
2	OWNER		MAIL ADDRESS		ZIP	PHONE						
3	CONTRACTOR		MAIL ADDRESS		ZIP	LICENSE NO.						
4	ARCHITECT OR DESIGNER AND/OR ENGINEER		MAIL ADDRESS		ZIP	LICENSE NO.						
5	Design Professional in responsible charge		MAIL ADDRESS		ZIP	LICENSE NO.						
6	Lender		MAIL ADDRESS		PHONE	BRANCH						
7	USE OF BUILDING: ☐RESIDENTIAL ☐BUSINESS ☐INDUSTRIAL ☐MERCHANTILE ☐STORAGE ☐INSTITUTIONAL ☐TOWNHOUSE ☐CONDOMINIUMS ☐ASSEMBLY											
8	CLASS OF WORK ☐NEW ☐ADDITION ☐REPAIR ☐RENOVATION ☐MOVE ☐REMOVE											
9	DESCRIBE WORK											
10	CHANGE OF USE FROM: ☐RESIDENTIAL ☐BUSINESS ☐INDUSTRIAL ☐MERCHANTILE ☐STORAGE ☐INSTITUTIONAL ☐TOWNHOUSE ☐CONDOMINIUMS ☐ASSEMBLY											
	CHANGE OF USE TO: ☐RESIDENTIAL ☐BUSINESS ☐INDUSTRIAL ☐MERCHANTILE ☐STORAGE ☐INSTITUTIONAL ☐TOWNHOUSE ☐CONDOMINIUMS ☐ASSEMBLY											
11	VALUATION OF WORK \$			Zoning Fee	Plan Check Fee	Permit Fee						
SPECIAL CONDITIONS:				Type of Const.	Occupancy Classification							
APPLICATION ACCEPTED BY:		Plans Checked By:	APPROVED FOR ISSUANCE BY:	SIZE OF BLDG. (Total Sq. Ft.)	No. of Stories		Max. Occ. Load					
						Use Zone		Fire Sprinklers Required ☐ Yes ☐ No				
<p style="text-align: center;">Notice</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATION OR AIR CONDITIONING.</p> <p>THIS PERMIT BECOMES NULL AND VOID IF THE WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 30 DAYS OR IF CONSTRUCTION WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED. AFTER WORK IS COMMENCED.</p> <p>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 ORDINANCES 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 OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>				No. of Dwelling Units		Off-street parking spaces						
						Planned:	Required:					
				SPECIAL APPROVAL		REQUIRED	RECEIVED	NOT REQUIRED				
				Zoning								
				Health Depart.								
Fire Department												
Signature of Contractor or Authorized Agent (Date)				Soil Report								
				Other (Specify)								
Signature of Owner (If owner builder)												
WHEN PROPERLY VALIDATED I THIS SPACE THIS IS YOUR PERMIT												
ZONING VALIDATION CK MO CASH CC			PLAN CHECK VALIDATION CK MO. CASH CC			PERMIT VALIDATION CK MO. CASH CC						