

HORRY COUNTY PERMIT APPLICATION

(Must be fully completed in ink)

FLOOD ZONE _____
BFE _____
PANEL# _____
ECERT REQ _____
APPROVED _____

DATE IN _____
FEES PD \$ _____ P/R _____ Z
CLERK _____
PLAN CASE # _____
REF _____
APPD _____ DATE _____

Name on Owner (as listed on Tax Books) _____

(_____) _____
Telephone _____

Mailing Address _____ City _____ State _____ Zip _____

Site Address _____ Subdivision _____ Lot# _____

Project Name _____ Bldg _____ # of Units _____ Occupant Load _____

Type of Work: New() Addition () Alter () Repair () Move () Demolish () Other _____

Use of Improvements: Single Family() Mobile Home() Duplex() Apartment() Commercial () Institutional () Utility ()

Warehouse() Manufacturing() Condo() Industrial() Farm Building() Sign() Other _____

Type of Construction: Metal() Wood() Steel() Concrete() Other _____

Exterior: Brick() Conc. Block() Stone() Brick Veneer() Stucco() Metal() Wood() Glass () Vinyl () Other _____

No of Stories _____ No. of Bedrooms _____ No. of Baths _____ No. of Half Baths _____ Total # Rooms _____

Type of Heating: Central Air Cond.() Heat Pump() Other _____ Sprinkler Req. Provided _____ N/A _____

Type of Fuel: Oil() Gas() Electricity() Wood() Other _____

Unheated areas: Garage () Carport () Porches () Decks () Masonry Fireplaces # _____

Total No. of Square Feet _____ Heated Space _____ Unheated _____

Remarks: _____

Value of Construction \$ _____ Permit # _____

Building Permit Fees \$ _____ Mobile Home Sticker # _____

Zoning Fees \$ _____ Farm # _____

M I G C Fire Fee \$ _____ MIGC Fire Receipt # _____

\$ _____ Plan / Bin # _____

TOTAL FEES \$ _____ App Code _____

Contractor or Builder _____ Tele # _____ State License # _____

Address _____ Email _____

Architect or Engineer _____ Tele # _____ Fax # _____

Address _____ Email _____

Estimated Date of Completion _____ TMS / PIN # _____ Dist # _____ Zone _____ Verified _____

THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY ORDINANCE OR OTHERWISE BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.

Issued By _____ Signature Owner () Contractor () Agent ()

Date _____ Print name _____