Permit Requirements For:

Change of Service
Or
Meter Service

1. Application
2. Scope of work
3. If it is a Mobile Home we will need STICKER number
# Horry County Permit Application

(Must be fully completed in ink)

<table>
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<th>Date In</th>
<th>FES PD S</th>
<th>P/R</th>
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<tbody>
<tr>
<td>CLERK</td>
<td>PLAN CASE #</td>
<td>REF</td>
<td>APPD</td>
</tr>
<tr>
<td>DATE</td>
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Name of Owner (as listed on Tax Records)

<table>
<thead>
<tr>
<th>Telephone</th>
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Mailing Address

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Site Address

<table>
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<tr>
<th>Subdivision/Phase #</th>
<th>Lot#</th>
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Project Name

<table>
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<tr>
<th>Bidg. #</th>
<th># of Units</th>
<th>Occupant Load</th>
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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 Sprinkler Req Provided N/A

Type of Heating: Central Air Cond. ( ) Heat Pump ( ) Other

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

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

Total No. of Square Feet Heated Space Unheated

Description of Work

Value of Construction $ Permit #

Building Permit Fees $ Mobile Home Sticker #

Zoning Fees $ Farm #

MIGC Fire Fee $ MIGC Fire Receipt #

TOTAL FEES $ Plan / Bin #

App Code

Contractor or Builder

<table>
<thead>
<tr>
<th>Tele # ( )</th>
<th>State License #</th>
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Address

Email

Architect or Engineer

<table>
<thead>
<tr>
<th>Tele # ( )</th>
<th>Fax # ( )</th>
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Address

Email

<table>
<thead>
<tr>
<th>Est Date of Completion</th>
<th>TMS # / PIN #</th>
<th>Dist. #</th>
<th>Zone</th>
<th>Verified</th>
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Issued By: ______________________ Signature: ____________________

Owner ( ) Contractor ( ) Agent ( )

Date __________________________ Print name ______________________
SCOPE OF WORK FOR ALTERATIONS / REPAIRS / ADDITIONS

_____ COMMERCIAL  _____ RESIDENTIAL

SITE LOCATION ______________________________________

APPLICANT PLEASE DESCRIBE IN DETAIL EXACTLY WHAT YOU ARE DOING:

_____________________________________________________________________

_____________________________________________________________________

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APPLICANT __________________________ DATE ________________________

REVIEWER COMMENTS:

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REVIEWER __________________________ DATE __________________________ PERMIT#