Permit Requirements For: Demolition

1. Application
2. Scope of work
3. Authorization from the property owner (notarized or witnessed)
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 ___________

(_____) Telephone

Name of Owner (as listed on Tax Records)

Mailing Address ___________________ City ___________________ State _______ Zip ________

Site Address ______________________ Subdivision / Phase # __________ 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 ________

Description of Work __________________________

Value of Construction $ __________
Building Permit Fees $ __________
Zoning Fees $ __________
M I G C Fire Fee $ __________
TOTAL FEES $ __________

Permit # ______________________
Mobile Home Sticker # __________
Farm # _______________________
MIGC Fire Receipt # __________
Plan / Bin # __________________
App Code _____________________

Contractor or Builder ______________________ Tele # (____) _______ State License # __________
Address ________________________ Email ___________________

Architect or Engineer _____________________ Tele # (____) _______ Fax # (____) __________
Address ________________________ Email ___________________

Est 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 ____________________________
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# ____________
Property Owner

Letter of Authorization

DATE: ________________________________

I, ________________________________, authorize ________________________________, Person obtaining permit

Print – Property Owner/ HOA Rep

to obtain a building permit from HC Code Enforcement for ________________________________, Type of work

on behalf of myself or agency for property located at:

______________________________________________________________________________

(Print – Property Owner or Licensed Contractor Name)

______________________________________________________________________________

will be responsible for the work listed.

(Property Owner / HOA Rep Signature) Date

Telephone Number

Sworn before me this _____ day of _______, _______ (OR) Witnessed By:

(Notary of South Carolina) Witnesses Signature

My Commission Expires