Permit Requirements For: Moved House

1. Application
2. Scope of work
3. Site plan drawn to Scale
4. Septic or Sewer Approval
**Horry County Permit Application**

(Must be fully completed in ink)

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**Flood Zone**

**BFE**

**Panel#**

**ECERT REQ**

**APPROVED**

---

**Date In**

**Fees PD $**

**P/R**

**Z**

**Clerk**

**Plan Case #**

**Ref**

**APPD DATE**

---

**Name of Owner (as listed on Tax Records)**

**Telephone**

---

**Mailing Address**

**City**

**State**

**Zip**

---

**Site Address**

**Subdivision/Phase #**

**Lot#**

---

**Project Name**

**Bldg. #**

**# of Units**

**Occupant Load**

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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 ( )

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**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 $**

**MIGC Fire Fee $**

**TOTAL FEES $**

---

**Contractor or Builder**

**Tele # ( )**

**State License #**

---

**Address**

**Email**

---

**Architect or Engineer**

**Tele # ( )**

**Fax # ( )**

---

**Address**

**Email**

---

**Date of Completion**

**TMS # / PIN #**

**Dist. #**

**Zone**

**Verified**

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**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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

APPLICANT ______________________ DATE ______________________

REVIEWER COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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 ICC 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