



Town of Clover
 Development Services
 114 Bethel Street, PO Box 1060
 Clover, South Carolina 29710
 Ph: 803-222-9495 / Fax: 803-222-6955

BUILDING PERMIT APPLICATION

(Allow 48 hours minimum for residential review & approval)

Design Drawings Required: 2 paper / 1 electronic (pdf)

TYPE OF WORK

<input type="checkbox"/> New Construction	<input type="checkbox"/> Residential	<input type="checkbox"/> Gas	<input type="checkbox"/> Demolition
<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Single Family	<input type="checkbox"/> Mech. / HVAC	<input type="checkbox"/> Sign (Zoning Permit Req.)
<input type="checkbox"/> Exterior Remodel	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> HVAC Ducts Replaced?	<input type="checkbox"/> Re-roof
<input type="checkbox"/> Building Addition	<input type="checkbox"/> Town home/Condo	<input type="checkbox"/> Elect.	<input type="checkbox"/> Fire Alarm/Sprinkler
<input type="checkbox"/> Detached Structure	<input type="checkbox"/> Commercial	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fence <input type="checkbox"/> Other

Brief Description of Work: _____

WORK LOCATION: Street Address: _____ Sub-Division: _____

Tax Map No. _____ Zoning District _____ Lot Number _____ Floodplain? (Y/N) _____

APPLICANT INFORMATION

SC Licensed Contractor? Yes No Bonded?: Yes No

SC Contractor Lic. #: _____ **SC Lic. Type:** _____ **Bus. Lic #:** _____

Applicant Name (Print Name): _____

Office Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

PROPERTY OWNER INFORMATION (required info)

Name: _____

Home or Office Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

SUB-CONTRACTORS: IDENTIFY SC LICENSED PRIMARY SUB CONTRACTORS (complete if applicable)

Mech.: _____ Elect.: _____ Plbg.: _____

SC Lic. #: _____ **SC Lic. #:** _____ **SC Lic. #:** _____

TYPE OF OCCUPANCY (check at least one)

<input type="checkbox"/> Residential	<input type="checkbox"/> Business	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Hazardous	<input type="checkbox"/> Institutional	Type Construction (commercial):
<input type="checkbox"/> Educational	<input type="checkbox"/> Factory	<input type="checkbox"/> Storage	<input type="checkbox"/> Assembly	<input type="checkbox"/> Utility	

OTHER INFORMATION (complete if applicable)

Heated Sq/ft: _____ Unheated (Sq/ft): _____ No. Stories: _____ Deck SF & Height _____

Slab? Crawl Space? Basement? Installing Gas Appliances? Installing New Roof?

ELECT. SERVICE New Upgrade Storm re-connect Single or 3Phase Amps: _____

Total Est. Cost of Project (labor, sub-contractor costs, fixed equip., materials, profit, etc.): \$ _____

I certify that all information provided herein is true and all work performed under this permit will conform to the plans and specifications submitted and to the applicable building codes. I understand that unless I have been granted a separate waiver as the homeowner, **only contractors and sub-contractors licensed by the State of SC will be used to perform specialty contracting work.** I understand that the Town of Clover requires all businesses (including sub-contractors) earning revenue inside the town limits to have a Clover business license. I understand that unless workers receive a W2 form, they are classified as sub-contractors and that they must be appropriately licensed. **I acknowledge by signing below that I have been informed that the process of calling for, and consequences of failing to call for, inspections is published on Clover's website,** and that other helpful resources are available on the that website. I understand that, with limited exceptions, any work which requires a permit requires a residence's smoke alarms to be brought up to today's code requirements (hardwired, inside and outside all bedrooms, on each floor level, and interconnected)!

Applicant Signature: _____ Date: _____

OFFICE USE ONLY	Zoning Reviewed: <input type="checkbox"/>	Permit Approved: <input type="checkbox"/>	Permit Disapproved: <input type="checkbox"/>
REASON FOR DISAPPROVAL: _____			
Building Official Signature: _____		Date: _____	