



Town of Clover
 Development Services
 116 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"/> Electrical	<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

Name: _____

Home or Office Phone: _____ Cell Phone: _____

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

SUB-CONTRACTORS: IDENTIFY SC LICENSED PRIMARY SUB CONTRACTORS (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. Permits shall become invalid unless the work is commenced within 180 days after issuance. Permits shall expire after 180 days of no activity.

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: _____	