



**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: \_\_\_\_\_

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