



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)
 to kdoss@cloversc.org

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: _____

Street Address: _____ Tax Map # _____ Zoning District _____

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

Applicant Name (Print Name): _____

Office Phone: _____ Cell Phone: _____ Email: _____

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

If Property Owner is the Applicant, leave this section blank.

Property Owner Name: _____

Home or Office Phone: _____ Cell Phone: _____

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

SUB-CONTRACTORS (if applicable)

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

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

TYPE OF OCCUPANCY (check at least one)

Residential Business Mercantile Hazardous Institutional
 Educational Factory Storage Assembly Utility Type Construction (commercial): _____

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 3Phase Amps: _____

Total Estimated 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 of the process of calling for, and consequences of failing to call for, inspections. I understand that, with limited exceptions, any work which requires a permit requires residential 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 and shall expire after 180 days of no activity.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY	Zoning Reviewed: <input type="checkbox"/>	CSD Impact Fee Pd: <input type="checkbox"/>	Utility Locations: <input type="checkbox"/>
Permit Approved: <input type="checkbox"/>	Permit Denied: <input type="checkbox"/>	REASON FOR DENIAL: _____	
Building Official Signature: _____	Date: _____		