



City of Chesnee Permit Application

Date: \_\_\_\_\_

Office: 864-461-2225

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Tax Map #: \_\_\_\_\_

Applicant: \_\_\_\_\_ SC License #: \_\_\_\_\_

Applicant E-Mail Address: \_\_\_\_\_

Applicant Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**PLEASE LIST ALL SUBCONTRACTORS NAME AND SC LICENSE NUMBER ON SEPARATE PIECE OF PAPER AND SUBMIT WITH PERMIT APPLICATION**

**Type of Permit:**

- New Building  Addition  Manufactured Home  Renovation  Moving  Grading  
 Demolition  Occupancy  Sign  Plumbing  Mechanical  Electrical  Pool

**Description of work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Heated Square Feet: \_\_\_\_\_ Porch Sq Ft: \_\_\_\_\_ Garage Sq Ft: \_\_\_\_\_

# of Stories: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_ # of Baths: \_\_\_\_\_ # of 1/2 Baths: \_\_\_\_\_

Foundation Type : \_\_\_\_\_ # of Plumbing Fixtures: \_\_\_\_\_

Fireplace type: \_\_\_\_\_ (example: gas, pellet or wood)

Power Company: \_\_\_\_\_ Gas Company: \_\_\_\_\_

Public Water & Sewer or Well and Septic \_\_\_\_\_

Total Cost of Job: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Permit Void After 6 Months**

**No Refund After 30 Days**