



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

Street Address/Subdivision: \_\_\_\_\_

Tax Map # \_\_\_\_\_ Suite/Unit/Space # \_\_\_\_\_

Tenant/Business Name: \_\_\_\_\_

Use:    \_\_\_ Single Family           \_\_\_ Duplex/Townhomes    \_\_\_ Multi Family           \_\_\_ Office  
         \_\_\_ Hotel                   \_\_\_ Retail/Restaurant    \_\_\_ Medical               \_\_\_ Church  
         \_\_\_ School                   \_\_\_ Other \_\_\_\_\_

Cost of Job (Contract Amount): \_\_\_\_\_

Type of Work:   \_\_\_ New Building           \_\_\_ Alteration           \_\_\_ Repair               \_\_\_ Addition

Brief Description: \_\_\_\_\_

Square footage of new building/addition: \_\_\_\_\_

Square footage of existing building (if applicable) \_\_\_\_\_

Construction type: \_\_\_\_\_

Occupancy Group: \_\_\_\_\_

# Baths \_\_\_\_\_                   # Half Baths \_\_\_\_\_                   # Bedrooms \_\_\_\_\_                   # Buildings \_\_\_\_\_  
# Units \_\_\_\_\_                   # Stories \_\_\_\_\_

Roofing:   \_\_\_ Tar/Gravel   \_\_\_ Shingle   \_\_\_ Wood   \_\_\_ Metal   \_\_\_ Built Up   \_\_\_ Other \_\_\_\_\_

Heated Area Sq. Fr. \_\_\_\_\_ Foundation Type \_\_\_\_\_

Finished Basement Area: \_\_\_\_\_ Non Heated Sq. Ft. \_\_\_\_\_

Contractor: \_\_\_\_\_

Office phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

State License Agency (Choose One):  South Carolina Contractor's Licensing Board  
 South Carolina Residential Builders Commission

State License Classification: \_\_\_\_\_ State License Number: \_\_\_\_\_

City of Liberty Business License Number: \_\_\_\_\_

Architect: \_\_\_\_\_

Architect phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ELECTRICAL PERMIT**

Electrical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City of Liberty Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contract Price: \_\_\_\_\_ Type of License:  Residential  Commercial

**MECHANICAL PERMIT**

Mechanical Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City of Liberty Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contract Price: \_\_\_\_\_ Type of License:  Residential  Commercial

**PLUMBING PERMIT**

Plumbing Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City of Liberty Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Contract Price: \_\_\_\_\_ Type of License:  Residential  Commercial

By Signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all information provided is true. I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.

Please Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_