

FLOOD ZONE _____
BFE _____
PANEL _____
ECERT REQ _____
APPROVED BY _____



City of Lake City

202 Kelley Street
Lake City, SC 29560
843-374-5421

DATE IN _____
CLERK _____
REVIEW # _____
DATE OUT _____
APPROVED BY _____

BUILDING ELECTRICAL MECHANICAL PLUMBING SPRINKLER ALARM SIGN DEMO

Property Owner (as Listed on Tax Record) _____

Property Owner eMail _____ Telephone # _____

Property Owner Mailing Address _____ Cell Phone# _____

Site Address _____ HISTORIC DISTRICT: Yes No

Sub Division/Project _____ Bld# _____ # of Units _____ Occupant Load _____

Type of Work: New: Addition: Alter: Repair: Move: Demolish: Other: _____

Use of Improvement: Residential: Single Family: 2 Family: Town House: Occupancy Classification _____

Commercial: Multi Family: Educational: Business: Institutional: Manufacturing: Warehouse:

Construction Material: Steel: Wood: Masonry: Other: _____ Const Type: _____

Exterior: Brick Veneer: Conc. Block: Stone: Stucco: Metal: Wood: Vinyl: Other: _____

Type of Heating: Furnace: Central Air: Heat Pump: Other: _____ Sprinkler Sys Req: Yes No

Type of Fuel: Electricity: Gas: Oil: Other: _____ Fireplace(#): _____

Type: _____

No. of Stories: Bedrooms: Bathrooms: Half Baths: Total # of Rooms: _____

Heated Area: 1st Floor: 2nd Floor: Other: Total:

Unheated Area: Garage: Carport: Porches: Decks: Total:

Total Square Footage: _____

Scope of Work:

Value of Construction \$ _____ (*Including Materials & Labor*)

Building Permit Fee \$ _____ Permit # _____

Plan Review Fee \$ _____ Occupancy Classification _____

Zoning Fee \$ _____ Wind Zone _____ Seismic Zone _____

\$ _____ Farm # _____

TOTAL FEES \$ _____

Contractor/Builder: _____ Telephone #: _____

Address: _____ Email: _____

State License #: _____ Business License #: _____

Architect/Engineer: _____ Telephone #: _____

Address: _____ Email: _____

Estimated Date of Completion: _____ TMS: _____ Zone: _____ Verified: _____

SETBACKS: Front Rear Left Right

**THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY
ORDINANCE OR OTHERWISE – BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE**

Issued By _____ Received By _____

Signature _____ Owner: _____ Agent: _____ Contractor: _____

Date _____

Print Name _____