



CITY OF YORK  
PLANNING & DEVELOPMENT  
10 N. ROOSEVELT STREET  
P.O. BOX 500  
YORK, SC 29745  
PHONE: (803) 792-8665  
FAX (803) 628-0562

**\* ALL INSPECTION REQUESTS  
MUST BE SUBMITTED BY  
3:00 PM FOR NEXT DAY  
INSPECTIONS. AFTER 3:00 PM  
WILL BE THE FOLLOWING DAY\***

## BUILDING PERMIT APPLICATION

DATE: \_\_\_\_\_

### TYPE OF PERMIT (CHECK ONE):

**RESIDENTIAL:** \_\_\_\_\_ **COMMERCIAL:** \_\_\_\_\_ **INDUSTRIAL:** \_\_\_\_\_

Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Heated sq feet: \_\_\_\_\_ Accessory/Storage sq ft: \_\_\_\_\_ Porch/deck sq ft: \_\_\_\_\_

Garage sq feet: \_\_\_\_\_ Stories: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Each permit becomes null and void if work or construction authorized is not commenced within six (6) months, or if construction or work is suspended or abandoned for a period of six (6) months at any time after the work is commenced.  
Pursuant to SC Code section 15-3-640 you have the right to contract for a guarantee of the structure being free from defective or unsafe conditions beyond thirteen years after substantial completion of the improvement for which the permit is issued.  
I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinance governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state law regulating construction or the performance of construction.

Valuation of Project: \_\_\_\_\_

Are there any restrictive coventants on property? \_\_\_\_\_ **(If so, please provide copy)**

Address of project: \_\_\_\_\_ Parcel ID# \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ SC State License#: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Special Conditions: Each subcontractor must purchase a city business license prior to the issuance of a Certificate of Occupancy; otherwise, the general contractor and/or owner shall be responsible for obtaining such City licenses. *\*\*A Special Tax Assessment for Rehabilitated Historic Properties is available for eligible properties (more information and preliminary application is available at [www.yorksc.gov](http://www.yorksc.gov))\*\**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

PERMIT FEE: \_\_\_\_\_ CAPACITY FEE: \_\_\_\_\_ IMPACT FEE: \_\_\_\_\_

BUSINESS LICENSE: \_\_\_\_\_ PLAN REVIEW FEE: \_\_\_\_\_ TOTAL FEE DUE/PAID : \_\_\_\_\_