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)***

Applicant Signature: _____ Date: _____

OFFICE USE ONLY:

PERMIT FEE: _____ CAPACITY FEE: _____ IMPACT FEE: _____

BUSINESS LICENSE: _____ PLAN REVIEW FEE: _____ TOTAL FEE DUE/PAID : _____