



City of Florence

Building Department - 4th Floor
324 West Evans Street, Florence SC 29501
(843) 665-3151 • permitting@cityofflorence.gov

OFFICE STAFF ONLY

Date: _____
Permit #: _____
Business License #: _____
Permit Amount: \$ _____

Building and Trades Permit Application

Building Electrical Plumbing Mechanical Fire Gas Pool Demo Sign

1. Application/Contractor Information

Name: _____ Phone: _____
Contractor's Address: _____
Street Address _____ City/State/Zip _____
Email: _____ License Number and Class: _____
Business License Number: _____
PROJECT ADDRESS: _____
Tax Map Number: _____ Total Square Footage: _____
Utility Provider: Duke PDEC SEC SCE&G **VALUE of FINISHED WORK: \$** _____

2. Type of Construction

Commercial Residential

Is this property in an overlay district? Yes No **Approvals Granted:** DRB BZA Encroachment

Scope of Work: _____

Type of Use:

Alteration New Installation Addition Hazardous Material Renovation
Agriculture Accessory Building Repair Other: _____

Occupancy Classification:

Assembly Business Residential Educational Factory
Mercantile Storage Daycare Hazardous Industrial

3. Electrical Permit, *If Applicable*. \$10.00 Base Fee Please indicate the number of Appliances

QTY.	QTY.	QTY.
_____ Meter SVC 0-400 Amp(+ \$10.00)	_____ Generators (+ \$15.00 ea)	_____ Heat Strips (+ \$4.00 ea)
_____ Meter SVC >400 Amp (+ \$20.00)	_____ A/C Outlet (+ \$20.00 ea)	_____ Signs (+ \$10.00 ea)
_____ Service Pole (+ \$20.00 ea)	_____ Electrical Appliances (+ \$4.00 ea)	_____ Wall Signs (+ \$10.00 ea)
_____ Motors/Transformers (+ \$5.00 ea)	_____ Electrical Devices (+ \$0.30 ea)	_____ Other (+ \$15.00 ea)

4. Plumbing Permit, if Applicable \$10.00 Base Fee / + \$2.50 Each Additional Fixture Please indicate the number of Appliances

QTY.	QTY.	QTY.	QTY.
_____ Backflow	_____ Fountains	_____ Oil Interceptor	_____ Vacuum Breakers
_____ Bathtubs/showers	_____ Garbage Disposal	_____ Sewer	_____ Washing Machine
_____ Dental Units	_____ Laundry Tray	_____ Sinks	_____ Water
_____ Dishwashers	_____ Lavatories	_____ Soda Fountain	_____ Water Closets
_____ Floor Drains	_____ Mop Sinks	_____ Urinals	_____ Water Heater

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5. Mechanical Permit, <i>if Applicable</i> \$10.00 Base Fee		Please indicate the number of Appliances		
QTY.	QTY.	QTY.	QTY.	QTY.
NO	KW Package Units	A/C Units	Clothes Dryer	Hood System
Ton	Ventilation Fans	Boilers	Range Hoods	Other

6. Fire Sprinkler and Alarm Permit, <i>if Applicable</i>				
System Type:	Water	Foam	Other	Number of Sprinkler Heads: _____

7. Gas Permit, <i>if Applicable</i> \$10.00 Base Fee			Please indicate the number of Appliances			
QTY.			QTY.			
_____	Gas Logs (+ \$1.00 ea)		_____	Gas Pack (+ \$5.00 ea)	_____	Water Heaters (+ \$2.50 ea)
_____	Clothes Dryer (+ \$1.00 ea)		_____	Wall Furnace (+ \$2.50 ea)	_____	Space Heaters (+ \$2.50 ea)
_____	Misc. Outlets (+ \$1.00 ea)		_____	Furnace/Boilers (+ \$5.00 ea)	_____	Other (+ \$5.00 ea)

8. Pool Permit, if Applicable										
Total Floor Area: _____			Enclosed/Covered?		Yes	No	Heated?		Yes	No
Material:	Gunnite	Vinyl	Fiberglass	Other: _____						

9. Manufactured Home Information, <i>If Applicable</i>									
Manufactured Home Serial Number: _____						Color: _____			
Manufactured Home Size: _____					Single	Double	Multi-Section		
Water:	Public	Private	Sewer:	Public	Private				

10. Sign Type: <i>Signs greater than 32-square feet shall require a design professional.</i>				
Freestanding	Roof	Temporary	Internally Lit	Other: _____
Wall	Banner	Billboard	Externally Lit	
Cabinet Width: _____		Cabinet Height: _____		

11. Owner-Builder Exemption	
Name: _____	
Address: _____	
Plat Number: _____	Signature: _____
SC Notary: _____	Expiration: _____
Witness: _____	Witness: _____

I understand and agree to follow all state and local laws governing building projects. Any willful misrepresentation listed on this permit application shall constitute grounds for permit revocation and be subject to penalties under law as prescribed by our state law and local ordinances.

Signature: _____ Date: _____