

MARLBORO COUNTY BUILDING CODES DEPARTMENT
P.O. BOX 419 105 E. MAIN ST.
BENNETTSVILLE, S. C. 29512
Phone: 843-479-5602 Ext. 10 Fax: 843-479-5697

RESIDENTIAL BUILDING PERMIT

| | | | | | |
|----------------------------|--|---|----------------|-------------|--|
| TAX MAP NUMBER: | | TAX DIST: 6 | DATE OF ISSUE: | PERMIT #: | |
| TYPE OF WORK: | | VALUATION: | FEE: | ISSUED BY: | |
| APPLICANT: | | PROPERTY OWNER & LOCATION: | | DESCRIPTION | |
| TITLE: | | | | EXTERIOR | |
| CONTRACTOR'S LICENSE #: | | | | BEDROOM | |
| PROPERTY LOCATION: | | | | BATHROOMS | |
| TYPE OF PROPERTY: | | SEPTIC TANK PERMIT# | | ROOMS | |
| DATE OF COMPLETION: | | INSPECTIONS REQUIRED: see inspection card | | HVAC | |
| DESCRIPTION OF WORK: | | | | FIREPLACE | |
| | | | | START DATE | |
| COMMENTS: PHONE NUMBER: | | | | SQ. FEET | |
| | | | | CONST. TYPE | |
| | | | | STORIES | |

Section 3 of Marlboro County Ordinance Number 418 reads:

3) Affidavits of compliance required:

- a) For all construction, repairs or improvements in the county, the Building Codes Administrator shall require a sworn affidavit from a registered Architect or Engineer, Contractor, or Homebuilder licensed by the State of South Carolina, stating that the work to be performed is in compliance with the applicable codes. Said affidavit is required before the issuance of a permit.
- b) For construction, repair or improvements to be undertaken by the owner of property, this owner may certify compliance with all applicable codes. This provision as applicable, provides that this owner is a person who is actively in charge of construction, possesses knowledge and expertise in the construction field, and does not receive a wage, fee or commission for the service.
- c) Only Registered Architects, Engineers, or Contractors licensed by the State of South Carolina may certify compliance for the following structures:
 1. All buildings intended for Institutional, Educational or Hazardous Occupancies, as defined by the above referenced International Building Code
 2. Any non-residential building of more than 5,000 square feet of total floor area.
 3. A place of assembly or other non-residential building or structure having a capacity in excess of twenty-five (25) persons as calculated in accordance with the International Building Code.
 4. One copy of building plans and specifications shall be submitted for all multi-family residential construction and for non-residential construction valued at over one hundred thousand (\$100,000) Dollars.
- d) This permit shall become invalid if work has not begun within 180 days after it's issuance, or if work has been suspended for a period of 180 days after it has begun.

I certify that I have read the above referenced portion of Ordinance 418 and that the work for which this permit is being issued is in compliance with said Ordinance, and all other applicable State and Local Codes.

Witness

Permittee

MARLBORO COUNTY BUILDING CODES
PO BOX 419 105 E. MAIN ST.
BENNETTSVILLE, SC 29512

COMMERCIAL BUILDING PERMIT
PHONE: 843-479-5602 EXT. 10 FAX: 843-479-5697

| | | | |
|--|--|--------------|-------------------|
| | Permit #: | Date: | Issued By: |
| Property Owner: Property Owner Mailing Address: | Applicant: Applicant Title: | | |
| Property Occupant: | Comments: | | |
| Property Address: | Description of Work: | | |
| Tax Map #: Tax District: | | | |
| Contact Telephone #: | | | |
| Power Co.: | | | |
| Valuation: \$ Fee: \$ | | | |
| Start Date: | | | |
| Completion Date: | | | |
| Septic Tank Permit: | | | |
| General Contractor's License #: | Witness Signature: | | |
| Sub-Contractors' License #: | Applicant Signature: | | |
| Nature of Work: | | | |
| Type of Occupancy: | | | |
| Stories: | | | |
| Bathrooms: | | | |
| Bedrooms: | | | |
| Rooms: | | | |
| Total heated and unheated sq. footage: | | | |
| Occupant #: | | | |
| Construction Material Type: | | | |
| Exterior: | | | |
| Heating System: | | | |

COMMERCIAL BUILDING PERMIT APPLICATION
Marlboro County Building / Codes Enforcement

Property Owner _____ Date _____
Property Owner Mailing Address _____
Property Occupant _____
Property Address _____
Tax Map # _____ (available from Tax Assessor's Office)
Contact Phone # _____
Power Co. _____ Premise # [Progress Energy] _____
Have you begun this project? _____
Total Valuation \$ _____ (**value** of completed construction)
Estimated start date _____ Estimated completion date _____
Septic Tank Permit # _____
General Contractor's License # _____
Sub-Contractors' License # _____

Nature of work

- New building
- Addition
- Alteration
- Repair
- Foundation only

Type of Occupancy

- Assembly Institutional
- Business Mercantile
- Educational Storage
- Factory/Industrial
- Hazardous

1. No. of Stories _____ No. of Bathrooms _____ No. of Bedrooms _____ No. of Rooms _____
2. Total heated and unheated sq. ft. _____ (include detached buildings)
3. No. of Occupants _____
4. Construction Material Type: Frame Metal Wood Other _____
5. Exterior: Brick Concrete block Brick Veneer Stucco Metal Vinyl Other _____
6. Heating system: Oil Natural Gas LPG Heat Pump Electric resistance

Description of Work: _____

- 1) Work requiring a permit shall not commence until the Permit Holder or his agent posts the inspection card in a conspicuous place on the premises.
- 2) The undersigned owner or agent understands that approval of this application does not constitute a privilege to violate any applicable government ordinances, codes or laws, and that any omission or misrepresentation of fact with or without intention of the undersigned or an alteration or change from this application shall constitute grounds for the revocation of any permit issued which was based on the approval of this application.

Applicant [print] _____ [signature] _____
 Contractor Owner Other _____

Approved Denied
Approved by: _____ Date _____