



Town of Hemingway Building Permit Application

Permit # _____

Owner

Date

Occupied By

Tax Map/Block/ Parcel

Street Number and Street Name

Nature of Work

Occupancy Type

- 1. New building
- 2. Addition
- 3. Alteration
- 4. Repair/replacement
- 5. Foundation only

- 1. Assembly
- 2. Business
- 3. Educational
- 4. Factory-industrial
- 5. Hazardous
- 6. Institutional
- 7. Mercantile
- 8. Storage
- 9. Residential R1 R2 R3

Estimated Start Date: _____

Estimated Date of Completion: _____

Total Cost of Improvement: _____

Detailed Description of work:

1. Permit and plan must be approved before work can begin. This may require up to 7 business days.
2. Work requiring a permit shall not commence until the permit holder or his agent posts the permit card in a conspicuous place on the premises.
3. Permit is void if job is not started in 6 months from date of issuance.
4. 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 of or misrepresentation of fact with or without intention of the undersigned or any 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.
5. Any changes from original intent that permit was issued must be approved by the building department.
6. All contractors and sub-contractors must be licensed by the Town of Hemingway and by the State of South Carolina.
7. All work performed must be in compliance with federal and state codes and town ordinances in force at the time of permit issuance.

Contractor Owner

Phone Number

Address

Signature

SC State License Number

PERMIT COST _____

INSPECTION(S) COST + _____

TOTAL _____