



Town of Smoaks  
176 New Street  
Smoaks, SC 29481

# BUILDING PERMIT APPLICATION



Department of Building Safety  
4795 South Church St. Ext. - Suite 2  
Roebuck, SC 29376  
864-586-6111

**PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2  
PROOF OF ID MUST BE SUBMITTED WITH APPLICATION**

**CONTRACTORS: MUST HAVE A CITY BUSINESS LICENSE PRIOR TO APPLYING FOR PERMIT  
(\*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK**

### OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE: _____	B _____ F _____	PERMIT FEE: \$ _____	FACILITATOR'S INITIALS
PERMIT NUMBER: _____	FLOOD _____	CONV. FEE: \$ _____	
PLANS APPROVED? YES _____ NO _____	PW _____	TOTAL: \$ _____	
ZONING APPROVED? YES _____ NO _____	SIGN _____		

### PROPERTY LOCATION/ADDRESS: - Complete this section

NAME OF BUSINESS/LESSEE: _____	SHOPPING CENTER / DEVELOPMENT NAME: _____			Parcel ID #: _____
STREET ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____	

### CONTRACTOR CONTACT INFORMATION:

BUSINESS NAME: _____	D/B/A: _____			
BUSINESS MAILING ADDRESS: _____	CITY: _____	STATE: _____	ZIP: _____	
BUSINESS CONTACT'S NAME: _____	BUSINESS PHONE # WITH AREA CODE: _____			
BUSINESS CONTACT'S EMAIL ADDRESS: _____	BUSINESS CONTACT'S PHONE # WITH AREA CODE: _____			

### PROJECT CONTACT INFORMATION:

**PROJECT REVIEW LETTERS WILL BE EMAILED TO ALL PARTIES**

PROJECT SUPERINTENDENT: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____
ENGINEER: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____
ARCHITECT: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____
PROPERTY OWNER: _____	EMAIL ADDRESS: _____	PHONE # WITH AREA CODE: _____



## IMPORTANT NOTES

- For individuals wishing to build and/or improve their own home without the use of a licensed residential builder or specialty contractor, a Residential Disclosure Certification Form is required. This form is available on our website.

IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NONREFUNDABLE.

ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.

**A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.**

**THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.**

### **SIGNATURE:**

By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.

I certify the information given on this application is true and correct.

APPLICANT NAME (PRINTED):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:	APPLICANT'S PHONE # WITH AREA CODE:	
APPLICANT'S SIGNATURE:		

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

**PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS**