



# Town of Ridgeland

Planning and Community Development

One Town Square - Post Office Box 1119 - Ridgeland, SC 29936

Phone: (843) 726-7516 Fax: (843) 726-7525

## BUILDING PERMIT APPLICATION

Property Owner (as Listed on Tax Record) \_\_\_\_\_

Property Owner Email \_\_\_\_\_ Telephone # \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Site Address \_\_\_\_\_ HISTORIC DISTRICT: Yes \_\_\_ No \_\_\_

Sub Division/Project \_\_\_\_\_ Bld# \_\_\_\_\_ # of Units \_\_\_\_\_ Occ. Class \_\_\_\_\_ Occ. Load \_\_\_\_\_

Type of Work: New: \_\_\_ Addition: \_\_\_ Alter: \_\_\_ Repair: \_\_\_ Move: \_\_\_ Demolish: \_\_\_ Other: \_\_\_\_\_

Use of Improvement: Residential: \_\_\_ Single Family: \_\_\_ 2 Family: \_\_\_ Town House: \_\_\_ Occupancy Classification \_\_\_\_\_

Commercial: \_\_\_ Multi Family: \_\_\_ Educational: \_\_\_ Business: \_\_\_ Institutional: \_\_\_ Manufacturing: \_\_\_ Warehouse: \_\_\_

Construction Material: Steel: \_\_\_ Wood: \_\_\_ Masonry: \_\_\_ Other: \_\_\_\_\_ Const Type: \_\_\_\_\_

Exterior: Brick Veneer: \_\_\_ Conc. Block: \_\_\_ Stone: \_\_\_ Stucco: \_\_\_ Metal: \_\_\_ Wood: \_\_\_ Vinyl: \_\_\_ Other: \_\_\_\_\_

Type of Heating: Furnace: \_\_\_ Central Air: \_\_\_ Heat Pump: \_\_\_ Other: \_\_\_\_\_ Sprinkler Sys Req: Yes \_\_\_ No \_\_\_

Type of Fuel: Electricity: \_\_\_ Gas: \_\_\_ Oil: \_\_\_ Other: \_\_\_\_\_ Fireplace(#): \_\_\_\_\_

Type: \_\_\_\_\_

No. of Stories: \_\_\_ Bedrooms: \_\_\_ Bathrooms: \_\_\_ Half Baths: \_\_\_ Total # of Rooms: \_\_\_\_\_

Heated Area: 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ Other: \_\_\_\_\_ Total: \_\_\_\_\_

Unheated Area: Garage: \_\_\_\_\_ Carport: \_\_\_\_\_ Porches: \_\_\_\_\_ Decks: \_\_\_\_\_ Total: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Scope of

Work: \_\_\_\_\_

Value of Construction \$ \_\_\_\_\_ (Including Materials & Labor)

Contractor/Builder: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

State License #: \_\_\_\_\_ Business License #: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Estimated Date of Completion: \_\_\_\_\_ TMS: \_\_\_\_\_

**THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY ORDINANCE OR OTHERWISE – BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE**

Issued By \_\_\_\_\_  
(Staff)

Applicant  
Signature \_\_\_\_\_

Owner: \_\_\_\_\_ Agent: \_\_\_\_\_ Contractor: \_\_\_\_\_

Applicant Date: \_\_\_\_\_

Print Name