

# BUILDING PERMIT APPLICATION

## JASPER COUNTY

OWNER  
ADDRESS

*Applicant to complete numbered spaces only.*

JOB ADDRESS			
1 LEGAL DESCR.	LOT NO.	BLK	TRACT
2 OWNER		MAIL ADDRESS	ZIP PHONE
3 CONTRACTOR		MAIL ADDRESS	PHONE LICENSE NO.
4 ARCHITECT OR DESIGNER		MAIL ADDRESS	PHONE LICENSE NO.
5 ENGINEER		MAIL ADDRESS	PHONE LICENSE NO.
6 PROPERTY OWNED BY			MAP NO.
7 USE OF BUILDING			
8 Class of work: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
9 Describe work:			
10 Change of use from			
Change of use to			

JASPER COUNTY HAS ADOPTED BY ORDINANCE 200 AN ORDINANCE WHICH PROVIDES THAT ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2000 INTERNATIONAL RESIDENTIAL CODE AND MATERIALS USED MUST COMPLY WITH THESE STANDARDS.

11 Valuation of work: \$		PLAN CHECK FEE		PERMIT FEE	
SPECIAL CONDITIONS:		Type of Const.	Occupancy Group	Division	
		Size of Bldg. (Total) Sq. Ft.	No. of Stories	Max. Occ. Load	
		Fire Zone	Use Zone	Fire Sprinklers Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
		No. of Dwelling Units	OFFSTREET PARKING SPACES:		Covered
APPLICATION ACCEPTED BY:		PLANS CHECKED BY:		APPROVED FOR ISSUANCE BY:	
<b>NOTICE</b>					
THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 1 YEAR AT ANY TIME AFTER WORK IS COMMENCED.					
I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.					
SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT		DATE			
SIGNATURE OF OWNER (IF OWNER BUILDS)		DATE			
Special Approvals	Required	Received	Not Required		
ZONING					
HEALTH DEPT.					
FIRE DEPT.					
SOIL REPORT					
OTHER (Specify)					

**WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT**

PERMIT VALIDATION      CK      M.O.      CASH

APPLICATION FOR  
BUSINESS LICENSE FOR CALENDAR YEAR \_\_\_\_\_

Return Application to:  
Jasper County  
Post Office Box 1149  
Ridgeland, South Carolina 29936

In order to insure proper credit to your account, you must return this application. Please verify all information listed, then complete this application as required.

PRINT DATE \_\_\_\_\_

BUS NAME _____ OWNER / OFFICER _____ MAILING ADDRESS _____ CITY/STATE/ZIP _____ TELEPHONE # _____ BUSINESS LOCATION _____ DESCRIPTION OF BUSINESS _____ * RATE CODE _____ * LOCATION CODE _____ SC RESIDENTIAL BLDRS # _____	NEW BUSINESS _____ RENEWAL _____ CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ FEDERAL ID # _____ SOUTH CAROLINA TAX # _____ SOCIAL SECURITY # _____
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(A) GROSS RECEIPTS AS REPORTED TO THE S.C. TAX COMMISSION \_\_\_\_\_ \$ \_\_\_\_\_

(B) BASE TAX \_\_\_\_\_

(C) TAX ON EXCESS AT \$ \_\_\_\_\_ PER \$ \_\_\_\_\_

(D) TAX ON EXCESS AT \$ \_\_\_\_\_ PER \$ \_\_\_\_\_

(E) TAX ON EXCESS AT \$ \_\_\_\_\_ PER \$ \_\_\_\_\_

(F) TAX ON EXCESS AT \$ \_\_\_\_\_ PER \$ \_\_\_\_\_

(G) TOTAL LICENSE FEE DUE BY \_\_\_\_\_

(H) PENALTY For non-payment of all or any part of the correct license fee, the License Co-ordinator shall levy and collect a late penalty of 5% per month beginning AUG. 1.

(I) TOTAL DUE \_\_\_\_\_ \$ \_\_\_\_\_

(WE) DO HEREBY CERTIFY THAT THE AMOUNT RETURNED AS TOTAL GROSS FROM BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I HAVE MADE NO DEDUCTION FOR "DROP SHIPMENTS", "SALES TO GOVERNMENT AGENCIES", "OUT OF CITY OR COUNTY DELIVERIES", OR OTHERWISE, AND THAT I AM FAMILIAR WITH COUNTY ORDINANCE PROVIDING FOR PENALTIES AND REVOCATION OF MY (OUR) LICENSE OR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION.  
 (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE COUNTY OF JASPER AS OF THIS DATE AND THAT THE BUSINESS NAME IS THE SAME AS REPORTED ON MY SOUTH CAROLINA INCOME TAX RETURN.

\_\_\_\_\_  
signature title date