



CITY OF  
**Clemson**  
PLANNING &  
DEVELOPMENT

1250 Tiger Blvd, Suite 4 • Clemson, SC 29631-2662  
(864) 653-2050  
Fax (864) 653-2057  
www.cityofclemson.org

## Commercial Permit Application

Permit # \_\_\_\_\_ Issue date \_\_\_\_\_

**OWNER & PROPERTY INFORMATION** (As shown on tax records)

Project Address: \_\_\_\_\_

Subdivision & Lot #: \_\_\_\_\_ Tax Map #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone and email: (\_\_\_\_\_) \_\_\_\_\_

**BUILDER INFORMATION** (Please indicate appropriate type)

Residential Builder     Residential Specialty     Contractor     Manufactured Housing     Owner/Builder

SC License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Superintendent: \_\_\_\_\_ Mobile: \_\_\_\_\_

**PROJECT INFORMATION**

*General Description of Project:*

\_\_\_\_\_

Construction Type \_\_\_\_\_ Occupancy Classification \_\_\_\_\_

Is the tract of land restricted by any recorded covenant that is contrary to or conflicts with, or prohibits the proposed activity?

No    or     Yes

**Please indicate all information that applies:**

- |  |  |                                       |   |   |
|--|--|---------------------------------------|---|---|
| <input type="checkbox"/> New Structure | <input type="checkbox"/> Commercial Pool         | <input type="checkbox"/> Remodel      | <input type="checkbox"/> Addition               | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Townhouse     | <input type="checkbox"/> Upfit of Existing Space | <input type="checkbox"/> Demolition   | <input type="checkbox"/> Exterior Deck          | <input type="checkbox"/> Electrical                               |
| <input type="checkbox"/> Plumbing      | <input type="checkbox"/> Mechanical              | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Sprinkler Installation | <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Tent |

**Power Company:** Duke Power **Heat Source:** \_\_\_\_\_

**Gas Source** (if applicable):  Propane Gas  Natural Gas

**Total Value of Completed Project:** \$ \_\_\_\_\_ (Based on Total cost including Design, Labor & Materials but NOT land)

**Number of Stories (including basement)** \_\_\_\_\_ Bathrooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Units \_\_\_\_\_

**Total Square footage of Structure being constructed:** \_\_\_\_\_

Heated Space: \_\_\_\_\_ Unheated Space: \_\_\_\_\_

Frame Type: \_\_\_\_\_ Foundation Type: \_\_\_\_\_ Roof Type: \_\_\_\_\_ Exterior Finish: \_\_\_\_\_

Does this project involve the use of any alternative materials, design, or methods of construction not prescribed by code?  Yes or  No

Are the structures floors, walls, and roof framed using anything other than wood?  Yes or  No

Does this project have foundation walls that exceed the unbalanced fill requirements of the code?  Yes or  No

Front Setback: \_\_\_\_\_ Side Setback: \_\_\_\_\_ Back Seatback: \_\_\_\_\_

**NOTICE:** The applicant is responsible for compliance with any applicable codes. Value of completed project has a minimum cost index that is based on a valuation sheet provided by the International Code Council. If applicants estimate is lower than the minimum cost index the cost index will apply. If any of the information supplied by the owner and/or owner's agent is incorrect, the permit may be revoked. THIS PERMIT WILL BECOME INVALID WITHIN 180 DAYS FROM DATE OF ISSUE IF: WORK HAS NOT COMMENCED, IF AN INSPECTION HAS NOT BEEN REQUESTED, OR IF WORK HAS BEEN SUSPENDED FOR A PERIOD OF 180 DAYS. The building official is authorized to grant extensions of time, for periods not more than 180 days each. The extension shall be requested in writing and justifiable cause demonstrated.

**I hereby certify that I have authority of the owner to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code and other applicable laws and regulations which relate to the property.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name of Applicant: \_\_\_\_\_

**Noise Ordinance:** Construction activities are permitted to take place Monday through Saturday from 7 am. to 8 p.m. and Sunday from noon until 8 p.m. If construction is proposed to take place outside of these hours please contact the Clemson Police Department at 864-624-2000. This is the non-emergency number.

Notes:					
Zoning District	AR District	BZA Case #	Flood Zone		
Zoning Compliance Certification:			Date	Building Officials Approval	Date
Permit Fee:			Paid	Plan Review Fee:	Paid
Application Accepted By			Date	License Checked By	