



CITY OF
Clemson
PLANNING &
DEVELOPMENT

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

Residential 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:

Single-Family Dwelling Detached Garage Remodel Addition Other: _____

Townhouse Duplex Demolition Exterior Deck _____

Plumbing Mechanical Storage Buildings Solar Panels Electrical

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 _____

kēmf lpi "cmf ctcī gu."dqpwu'tqqo u."cpf "dcugo gpv'lphtō cvkqp.'y j cv'ku'lj g'Us wctg'Hqqvci g'qh'vj g'Utwewtg'dgkpi "eqputwv'gf A'
 DUO V< J gcvgf aaaaaaaaaa"- "Wp/j gcvgf aaaaaaaaaa"- "Rqtej gu'aaaaaaaaa"- "I ctcī g'aaaaaaaaa"? "Vqvcn'aaaaaaaaa"
 3uv< J gcvgf aaaaaaaaaa"- "Wp/j gcvgf aaaaaaaaaa"- "Rqtej gu'aaaaaaaaa"- "I ctcī g'aaaaaaaaa"? "Vqvcn'aaaaaaaaa"
 4pf < J gcvgf aaaaaaaaaa"- "Wp/j gcvgf aaaaaaaaaa"- "Rqtej gu'aaaaaaaaa"- "I ctcī g'aaaaaaaaa"? "Vqvcn'aaaaaaaaa"
 5tf <" J gcvgf aaaaaaaaaa"- "Wp/j gcvgf aaaaaaaaaa"- "Rqtej gu'aaaaaaaaa"- "I ctcī g'aaaaaaaaa"? "Vqvcn'aaaaaaaaa"

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.

%Dgftqqo u		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	