



# COMMERCIAL BUILDING PERMIT APPLICATION

BUSINESS AND DEVELOPMENT SERVICES  
P.O. BOX 249 – 5 EAST BUTLER ROAD  
MAULDIN \* SOUTH CAROLINA 29662  
(864)234-3475 / (864)234-3484  
[WWW.CITYOFMAULDIN.ORG](http://WWW.CITYOFMAULDIN.ORG)

**IN ORDER TO PROCESS, APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.**

APPLICATION SUBMITTAL DATE: _____	OFFICE USE	FACILITATOR INITIALS
BUILDING PERMIT #: _____	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> Z <input type="checkbox"/> FLOOD <input type="checkbox"/> PW <input type="checkbox"/> SIGN	_____

## PROJECT LOCATION

FOR ASSISTANCE COMPLETING THIS SECTION GO TO: [WWW.GREENVILLECOUNTY.ORG](http://WWW.GREENVILLECOUNTY.ORG) (Real Property Services)

PARCEL ID #: _____	Shopping Center / Development Name: _____			
Name of Business/Lessee: _____		Phone #: ( ) - _____		
Street Address: _____	Suite #: _____	City: _____	State: _____	Zip: _____
Contact Name: _____	Email: _____			

## CONTRACTOR / CONTACT INFORMATION

State License (LLR) #: \_\_\_\_\_

Business Name: _____	DBA: _____	Business Phone #: ( ) - _____		
Mailing Address: _____	Suite #: _____	City: _____	State: _____	Zip: _____

## UTILITIES / SEWER

**SEWER:** Plans Required for New Construction or Adding Fixtures  
Two (2) Copies of Site and Drainage Plans

<b>UTILITY COMPANY:</b> <input type="checkbox"/> DUKE ENERGY <input type="checkbox"/> LAURENS ELECTRIC	<b>SEWER:</b> <input type="checkbox"/> CITY OF MAULDIN <input type="checkbox"/> METRO
WATER METER SIZE: _____	<input type="checkbox"/> RE-WA (PAY AT CITY) <input type="checkbox"/> RE-WA (PAID AT RE-WA) Receipt required

## ZONING PERMIT

**Plans Required:** Three (3) Sets of 24 x 36 Scaled Site Plans plus  
One (1) completed copy of the Site Plan checklist

Zoning District: _____	Project Type: <input type="checkbox"/> Single Tenant <input type="checkbox"/> Multi-Tenant	Is the building over 5,000 Sq. Ft.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Change of Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Multi-Family: <input type="checkbox"/> Condominium <input type="checkbox"/> Apartments	Has the site been vacant over 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

## FIRE REVIEW

**Plans Required:** Two (2) Copies sealed by Engineer or Licensed Design Professional  
**NOTE:** ALL PLANS ARE TO SUBMITTED TO BUSINESS AND DEVELOPMENT SERVICES

<b>FIRE SPRINKLERS:</b> <input type="checkbox"/> New System <input type="checkbox"/> Updating Existing System <input type="checkbox"/> No	<b>FIRE ALARM:</b> <input type="checkbox"/> New System <input type="checkbox"/> Updating Existing System <input type="checkbox"/> No
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## DESCRIBE (IN DETAIL) THE SCOPE OF WORK:

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# PERMITS REQUESTED / FEES, BUSINESS LICENSE UPGRADE

## PROJECT COST

**NOTE:** IF YOU HAVE NOT RENEWED YOUR ANNUAL BUSINESS LICENSE, UPGRADE FEES ARE NOT APPLICABLE.

\$ \_\_\_\_\_

Permits Requested	Contractor Business Name	State License #	Cost of Construction	Permit Fees	(OFFICE USE ONLY) BL New / Upgrade
<input type="checkbox"/> Building			\$	\$	\$
<input type="checkbox"/> Electrical			\$	\$	\$
<input type="checkbox"/> Mechanical			\$	\$	\$
<input type="checkbox"/> Plumbing			\$	\$	\$
<input type="checkbox"/> Fire Sprinkler			\$	\$	\$
<input type="checkbox"/> Fire Alarms			\$	\$	\$
<input type="checkbox"/> Refrigeration			\$	\$	\$
<input type="checkbox"/> Gas Piping			\$	\$	\$
<input type="checkbox"/> Hood System			\$	\$	\$
<input type="checkbox"/> Zoning				\$	
Total Project Cost			\$	\$	
<b>TOTAL COST OF CONSTRUCTION:</b> The total cost of a project, including all labor, profit and material is the determining factor as to whether or not a general or mechanical contractor license is required, regardless of who pays for the materials.(Section 40-11-20(23). If regulated work contains unregulated work, such as demolition or erection of large signs, this unregulated work must be included in the total cost of the project.				Total Permit Fees	\$
				Plan Review Fee	\$
				Date _____ Deposit	\$
				Balance	\$
				Business License	\$
				Total Fee Due	

## SIGNATURES (\*)

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 Business and Development Services Department will be notified of any changes in the approved plans or specifications for the project as permitted.

Applicant: - Printed Name:	Title:	Company Name:
Signature	Phone: ( ) -	Email:

## PROJECT CONTACT INFORMATION

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

Project Superintendent:	Email:	Phone: ( ) -
Engineer:	Email:	Phone: ( ) -
Architect:	Email:	Phone: ( ) -
Property Owner:	Email:	Phone: ( ) -