



# RESIDENTIAL ADDITION/ACCESSORY 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	_____

<b>PROJECT LOCATION</b>	PARCEL ID # / TAX PARCEL #: _____
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FOR ASSISTANCE COMPLETING THIS SECTION GO TO: [WWW.GREENVILLECOUNTY.ORG](http://WWW.GREENVILLECOUNTY.ORG) (Real Property Services)

Zoning District:	Property Acres:	Subdivision Name:
Street Address:	City:	State: Zip:
Property Owner Name:		New Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	City:	State: Zip:
Phone Number: ( ) -	Property Owner Email:	

<b>BUILDING / ZONING PERMIT</b>	<p><b>NOTE: Building Plans are Required for construction of Decks, Carports and Porches:</b> Three (3) Copies of scaled Construction Plans including Survey or Site Plan (to include dimensions and setbacks) in each set. <b>FOR DECK CONSTRUCTION REFER TO DECK CONSTRUCTION HANDOUT.</b></p>
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<b>Project Information:</b> <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Other		
<b>Structure Type:</b> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Carport / Porch <input type="checkbox"/> Garage <input type="checkbox"/> Deck <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Other:		
Existing Square Feet of Home: _____	<b>Demolition:</b> <input type="checkbox"/> None <input type="checkbox"/> Structural <input type="checkbox"/> Non-Structural	<b>Heating Source:</b> <input type="checkbox"/> Electrical <input type="checkbox"/> Gas
Proposed Additional Square Feet: _____	<b>DHEC APPROVAL REQUIRED:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Utility Company:</b> <input type="checkbox"/> Duke <input type="checkbox"/> Laurens
Total Combined Square Footage: _____		

<b>ACCESSORY STRUCTURE</b>	<b>Square Footage of Home:</b> _____ Square Foot
Are there any Existing Accessory Structures on the Parcels (sheds, pools other structure not attached to house): <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, illustrate the location and size of the structure on site plan) Size: _____ Square Foot	
Will the Proposed Structure replace any Existing Structures? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, illustrate on Site Plan)	
Size(s) of Accessory Structures (Decks, Porches, Sheds, Carports): _____ X _____ = Total Square Feet (Illustrate the location and size of the structure on site plan)	

<b>DESCRIBE WORK IN DETAIL:</b>   
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<b>CONTRACT AMOUNT / PROJECT COST:</b> \$ _____	<b>CONTRACTORS:</b> If you have not purchased an annual license, upgrade fees can not be used. <b>BUSINESS LICENSE UPGRADE</b> \$ _____ X .002 = \$ _____
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## PROPERTY AND USE

**NOTE:**

If the property owner is performing the work or is taking responsibility for the proposed work, the owner must complete the Residential Disclosure Certification Form which is available at the permit office.

Is the property owner performing this work?

 No  Yes If yes, skip contractor section below

Property Description:

 Owner Occupied  Rental /Lease  Sale

## GENERAL CONTRACTOR INFORMATION

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

Business Name:

DBA:

Business Phone Number:

( ) -

Mailing Address:

City:

State:

Zip:

Contact Name:

Email:

Mobile Phone:

( ) -

## PERMITS REQUESTED

Check all permits below that will be required for the job.

Permits Requested	Contractor Business Name	State License Number	Cost of Construction	Permit Fees
<input type="checkbox"/> Building			\$	\$
<input type="checkbox"/> Electrical			\$	\$
<input type="checkbox"/> Mechanical			\$	\$
<input type="checkbox"/> Plumbing			\$	\$
<input type="checkbox"/> Gas Piping			\$	\$
<input type="checkbox"/> Zoning				\$
Total Project Cost			\$	\$
Facilitator Notes:			Total Permit Fee	\$
			Deposit	\$
			Plan Review	\$
			BL / BL Upgrade (if applicable)	\$
			Total Fee	\$

## SIGNATURE

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 Number:

Email Address:

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