



ROOFING 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

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

APPLICATION SUBMITTAL DATE: _____ PERMIT NUMBER: _____	OFFICE USE: <input type="checkbox"/> B <input type="checkbox"/> FLOOD	FACILITATOR INITIALS _____
---	--	-------------------------------

PROJECT LOCATION

FOR ASSISTANCE COMPLETING THIS SECTION GO TO: WWW.GREENVILLECOUNTY.ORG (REAL PROPERTY SERVICES)

<input type="checkbox"/> RESIDENTIAL PROJECT: - Complete this section		PARCEL ID #: _____	
STREET ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER NAME:	EMAIL:	PHONE: () -	
<input type="checkbox"/> COMMERCIAL PROJECT: - Complete this section		PARCEL ID #: _____	
NAME OF BUSINESS/LESSEE:	SHOPPING CENTER / DEVELOPMENT NAME:		
STREET ADDRESS:	STE:	CITY:	STATE: ZIP:
PROPERTY OWNER:	EMAIL:	PHONE: () -	

CONTRACTOR CONTACT INFORMATION

STATE LICENSE (LLR) #: _____

BUSINESS NAME:	DBA:	BUSINESS PHONE #: () -
MAILING ADDRESS:	CITY:	STATE: ZIP:
CONTACT NAME:	EMAIL:	MOBILE PHONE #: () -

ROOFING PERMIT INFORMATION

NOTE:
CONTRACTOR MUST CONTACT BUSINESS AND DEVELOPMENT OFFICE UPON COMPLETION OF WORK TO CLOSE OUT PERMIT.
(864) 289-8976

Reroof Re-shingle New Roof System (*Plans Required) TYPE OF MATERIALS USED: _____

NOTE: Before commencing Demolition work SC-DHEC should be contacted to determine whether a permit is required from their office.

DESCRIBE WORK IN DETAIL:

CONTRACT AMOUNT / PROJECT COST: \$ _____	CONTRACTORS: If you have not purchased an annual license, upgrade fees can not be used. BUSINESS LICENSE UPGRADE \$ _____ X .002 = \$ _____
---	--

OVER

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:

OFFICE USE:

PERMIT FEE:	\$
BUSINESS LICENSE FEE: <input type="checkbox"/> ANNUAL <input type="checkbox"/> UPGRADE	\$
TOTAL FEE DUE:	\$