



TRADE 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: _____	OFFICE USE: _____ FACILITATOR INITIALS _____
PERMIT NUMBER(S): _____	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> Z <input type="checkbox"/> FLOOD _____

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 #: () -	

UTILITIES / SEWER		SEWER: Plans Required for New Construction or Adding Fixtures Two (2) Copies of Site and Drainage Plans	
UTILITY COMPANY: <input type="checkbox"/> DUKE ENERGY <input type="checkbox"/> LAURENS ELECTRIC		SEWER: <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		
ADDING NEW PLUMBING FIXTURES <input type="checkbox"/> YES <input type="checkbox"/> NO			

OVER

TRADES PERMIT REQUESTED

CHECK ALL THAT APPLY:

- BUILDING ELECTRICAL PLUMBING
 MECHANICAL GAS PIPING REFRIGERATION
 SOLAR PANEL HOOD SYSTEM *

***HOOD SYSTEM REQUIREMENTS**

- (3) sets of Plans Required For all HOOD SYSTEMS
- If the square footage of the ENTIRE STRUCTURE is equal to or over 5,000 sq ft, plans MUST be sealed by a SC Licensed Architect or Engineer.
- Special Inspection Packet must be submitted for all projects requiring the services of an Engineer or Architect.

Is the space where work is being performed part of a Multi-tenant development (retail or office center)? Yes No

Gross floor area of Entire Building: Square Feet

Gross square footage of the tenant space: Square Feet

Does the square footage of the ENTIRE building equal or exceed 5,000 square feet? Yes No

Contract Amount: \$ _____ Do you have a current business license? No Yes #: _____

DESCRIBE WOK IN DETAIL:

PERMITS REQUESTED /FEES

Trade Permits Requested (from list provided above)	Contractor Business Name	State License Number	Total Cost of Work	Permit Fees
			\$	\$
			\$	\$
			\$	\$
Total Project Cost			\$	\$
Information below is to be completed by facilitator				
Total Permit Fees				\$
Business License Upgrade				\$
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: