



# PERMIT AMENDMENT 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
EXISTING BUILDING PERMIT #: _____	<input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> Z <input type="checkbox"/> FLOOD <input type="checkbox"/> PW	_____

## PROJECT LOCATION

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

<input type="checkbox"/> <b>RESIDENTIAL PROJECT – Complete this section</b>		PARCEL ID #: _____	
Street Address:	City:	State:	Zip:
Property Owner Name:	Email:	Phone #: ( ) -	
<input type="checkbox"/> <b>COMMERCIAL PROJECT – Complete this section</b>		PARCEL ID #: _____	
Name of Business/Lessee:		Shopping Center / Development Name:	
Street Address:	Suite #:	City:	State: Zip:
Contact Name:	Email:	Phone #: ( ) -	

<b>CONTRACTOR / CONTACT INFORMATION</b>		State License #: _____	
Business Name:	DBA:	Business Phone #: ( ) -	
Mailing Address:	City:	State:	Zip:

CONTRACT AMOUNT \$

DESCRIBE ALL CHANGES AND/OR ADDITIONAL WORK BEING ADDED TO THE PERMIT IN DETAIL:

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OVER

## PERMITS REQUESTED /FEES

Permits Requested	Contractor Business Name	State License Number	Total 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 Sprinklers					\$	
<input type="checkbox"/> Fire Alarms					\$	
<input type="checkbox"/> Refrigeration					\$	
<input type="checkbox"/> Hood System					\$	
<input type="checkbox"/> Zoning				\$		
<b>Total Project Cost</b>			\$	\$		
<b>Facilitator Notes:</b>				Permit Fees	\$	\$
				Plan Review Fees	\$	\$
				Total Permit Fees	\$	\$
				Date _____ Deposit	\$	\$
				Balance	\$	\$
				Business License	\$	\$
				Total Fee	\$	\$

## 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 Number: (    )    -	Email Address: