

## CHEROKEE COUNTY Building Safety



110 Railroad Ave. Gaffney, SC 29340 Office 864-487-2561 Fax 864-902-1100

## COMMERCIAL BUILDING PERMIT APPLICATION

		Permit #
Project Name		
Project Address		
1 ai cei Numbei		
	Is the project in a designated flood zone? YES NO _	_
	If the project is in a designated flood zone, a design professional must be in	volved.
Project Description	n	
1 Toject Description		
Owner Name		
Utilities:		
Electric		
Gas		
	Total Square feet Type of Construction	
Fire District		
	<b>CONTRACTORS:</b>	
<b>General Contracto</b>	or:	
Address:		
Eman Address.		
Phone:	Fax:	
License, State, Type	e & Number:	
License Expiration 1	Date:	

Assembly, Institutional, Educational, architectural or engineered plans. All engineered plans. Other plans may be Permits shall expire every six months months.  The information above is true and co	re plans to be submitted and reviewed for the project.  I, and Hazardous occupancies regardless of size require stamped  Il other structures over 5000 square feet require stamped architectural	
Most commercial projects will require Assembly, Institutional, Educational, architectural or engineered plans. All engineered plans. Other plans may be Permits shall expire every six months months.  The information above is true and co	are plans to be submitted and reviewed for the project.  I, and Hazardous occupancies regardless of size require stamped and other structures over 5000 square feet require stamped architectural be owner prepared.  In a after the issue date if an inspection is not performed within those size or the best of my knowledge. I hereby make application for a	
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A113.6 1 1 1 TH . 1 1 1 TH . 1	ibing shall be submitted on separate permit applications.	
Project Cost (minus any Mechanical, l Permit Fee	Electrical and Plumbing) Cash Check Credit Card	
License Expiration Date:		
License, State, Type & Number:		
Phone:	Fax:	
Email Address:		
Other:Address:		
License Expiration Date:		
License, State, Type & Number.		
Phone:	Fax:	
Email Address:		
Roofing Contractor:Address:		
License Expiration Date:	1 ax.	
License, State, Type & Number:		
Phone: License, State, Type & Number:	Fav	
Address: Email Address: Phone: License, State, Type & Number:	Fav	