



# CHEROKEE COUNTY

## Building Safety

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

### Operational Permit Application

Permit Number \_\_\_\_\_

Owner : \_\_\_\_\_

Address: \_\_\_\_\_

Address of Job Site/Event: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

### Permit Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

License#: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

### DESCRIPTION OF OPERATION

\_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION AND DATE OF EVENT

\_\_\_\_\_  
\_\_\_\_\_

Project Cost \_\_\_\_\_

Permit Cost: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ CC Type \_\_\_\_\_

The undersigned hereby certifies that the above information is true and correct. The permit holder is to comply with all County, State, and Federal laws and Ordinances.

Signature \_\_\_\_\_

Date \_\_\_\_\_