

Approved  Disapproved  PERMIT NUMBER: \_\_\_\_\_

Date \_\_\_\_\_ PERMIT FEE: \$ \_\_\_\_\_

Signature \_\_\_\_\_ ISSUED BY: \_\_\_\_\_

**CITY OF NORTH AUGUSTA, SOUTH CAROLINA  
BUILDING PERMIT APPLICATION**

**I. TYPE OF CONSTRUCTION** → → → Residential  Commercial

<b>BUILDING</b> <input type="checkbox"/> Complete Sect. I, II, III & IV and inc. blueprints or drawings	<b>GRADING</b> <input type="checkbox"/> Complete Sect. I, II, III "Total Cost" only & IV inc. site plan
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**II. LOCATION OF BUILDING**

ADDRESS: \_\_\_\_\_ COUNTY: Aiken TAX DISTRICT: 06C

SUBDIVISION \_\_\_\_\_

OR PROJECT NAME \_\_\_\_\_ LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ TAX MAP # \_\_\_\_\_

**III. TYPE AND COST OF BUILDING**

TOTAL COST OF IMPROVEMENT \$ \_\_\_\_\_

<p><b>TYPE OF IMPROVEMENT</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> New Building »»»</td> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Commercial</td> </tr> <tr> <td><input type="checkbox"/> Addition »»»</td> <td><input type="checkbox"/> New room</td> <td><input type="checkbox"/> Storage Building</td> </tr> <tr> <td><input type="checkbox"/> Interior Renovation</td> <td colspan="2"><input type="checkbox"/> Exterior Renovation</td> </tr> <tr> <td><input type="checkbox"/> Repair/Replacement »»»</td> <td><input type="checkbox"/> Re-roof</td> <td><input type="checkbox"/> Windows <input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> Moving</td> <td colspan="2"><input type="checkbox"/> Demolition</td> </tr> <tr> <td><input type="checkbox"/> Foundation</td> <td colspan="2"><input type="checkbox"/> Swimming Pool</td> </tr> </table> <p>-----</p> <p>Brief description of work: _____</p> <p>_____</p>	<input type="checkbox"/> New Building »»»	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Addition »»»	<input type="checkbox"/> New room	<input type="checkbox"/> Storage Building	<input type="checkbox"/> Interior Renovation	<input type="checkbox"/> Exterior Renovation		<input type="checkbox"/> Repair/Replacement »»»	<input type="checkbox"/> Re-roof	<input type="checkbox"/> Windows <input type="checkbox"/> _____	<input type="checkbox"/> Moving	<input type="checkbox"/> Demolition		<input type="checkbox"/> Foundation	<input type="checkbox"/> Swimming Pool		<p><b>Non-Residential</b></p> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> School, library, educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other _____
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<input type="checkbox"/> Foundation	<input type="checkbox"/> Swimming Pool																		
<p><b>OWNERSHIP</b></p> <input type="checkbox"/> Private <input type="checkbox"/> Public	<p><b>Residential</b></p> <input type="checkbox"/> Single Family - Detached <input type="checkbox"/> Single Family - Attached <input type="checkbox"/> Two or more family <input type="checkbox"/> Transient hotel, motel, dorm <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other _____	<p><b>Nonresidential</b> - Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.</p> <p>_____</p>																	

**NEW CONSTRUCTION INFORMATION**

TOTAL SQUARE FOOTAGE : \_\_\_\_\_

<p><b>PRINCIPLE TYPE OF FRAME</b></p> <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other _____	<p><b>TYPE OF HEATING</b></p> <input type="checkbox"/> Hot air <input type="checkbox"/> Radiator <input type="checkbox"/> Hot water <input type="checkbox"/> Steam <input type="checkbox"/> Central air conditioning # of fireplaces _____	<p><b>PRINCIPLE TYPE OF HEATING FUEL</b></p> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	<p><b>TYPE OF MECHANICAL</b></p> Will there be <u>central</u> air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No  Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>EXTERIOR</b></p> <input type="checkbox"/> Brick <input type="checkbox"/> Concrete block <input type="checkbox"/> Brick Veneer <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Wood <input type="checkbox"/> Hardi-Plank <input type="checkbox"/> _____	<p><b>TYPE OF SEWAGE DISPOSAL</b></p> <input type="checkbox"/> City sewer <input type="checkbox"/> Septic tank  Will there be a garage? <input type="checkbox"/> Yes <input type="checkbox"/> No  Number of cars _____	<p>Will there be a <u>BASEMENT</u>?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No  Sq footage _____  <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished	<p><b>RESIDENTIAL BUILDINGS ONLY</b></p> Number of stories _____  Number of rooms _____  Number of bedrooms _____  Number of bathrooms _____ Full _____ Partial _____

**IV. IDENTIFICATION** --- To be completed by all applicants

	NAME	MAILING ADDRESS	TELEPHONE NO.
OWNER:			
CONTRACTOR:			
ARCHITECT:			

It is understood and agreed by the undersigned owner or agent that the approval of this application does not constitute a privilege to violate the Building Code, Zoning Ordinance, or other Ordinances of the City of North Augusta and that any omission or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without the approval of the Building Official, shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon City or State owned property.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_