



Building Permit Application

Application must be completed prior to requesting a permit.

Town of Hollywood Building Department
6322 Hwy 162, P.O. Box 519 Hollywood, SC 29449
Phone (843) 889-3222 Fax: (843) 889-3636

Permit# _____
Clerk _____

Date: _____
Street Address: _____ Suite/Unit/Space # _____
Property Owner/Business Name: _____ Tax Map # _____ - _____ - _____ - _____
Flood Elevation: _____ Zoning District: _____

Use: Single Family Multi-Family Duplex Garage/Carport Retail/Restaurant Office
Hotel Hospital/Medical Church/School Other _____

Value of job (Contract Amount): \$ _____

Type of Work: New Building Addition Alteration Repair

Brief Description of job:

Total square footage of addition or new building: _____ **HEATED:** _____ **UNHEATED:** _____

Baths: _____ Half Baths: _____ Bedrooms: _____ No. of Buildings: _____ Units: _____ Stories: _____

Roofing: Tar/Gravel Shingle Wood Metal Built Up Other _____

RESIDENTIAL PROPERTY OWNERS DOING THEIR OWN WORK: Homeowner exemption form must be completed and Disclosure Statement filed with the County Register of Deeds. All persons hired to perform work must be properly licensed by the Residential Builders Commission or Contractor's Licensing Board and have a current business license. List any contractors working on this project below.

VIOLATION OF ANY PART OF THIS AGREEMENT SHALL VOID ALL PERMITS.

Name: _____ Trade: _____ Name: _____ Trade: _____
Name: _____ Trade: _____ Name: _____ Trade: _____
Name: _____ Trade: _____ Name: _____ Trade: _____

Signed Property Owner: _____ Date: _____ Phone: _____

CONTRACTOR: _____ **Phone:** _____ **Fax:** _____

Address: _____ **Mobile:** _____

State License Agency (Choose One): South Carolina Contractors' Licensing Board:
South Carolina Residential Builders Commission:
Other _____

State License Classification: _____

State License Number: _____

State License Limitation: _____

Architect: _____ **Phone:** _____ **Fax:** _____

By signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all information provided is true. I further 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 state laws and local ordinances.

Signed _____ **Date:** _____ **Phone Number:** _____

BUILDING PERMIT FEE: \$ _____

PLAN REVIEW FEE: \$ _____

CERTIFICATE OF OCCUPANCY: \$ _____

TOTAL FEES \$ _____

*******INTER-OFFICE USE ONLY*******

APPROVED BY: _____

TITLE: _____