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RESIDENTIAL NEW CONSTRUCTION and/or ADDITION

FOR ONE & TWO-FAMILY RESIDENCES

BUILDING/ZONING PERMIT APPLICATION

CITY OF COLUMBIA PLANNING & DEVELOPMENT SERVICES

Development Center • 1136 Washington Street, Columbia, SC 29201 • 803.545.3483 • Fax: 803.733.8699

ALL FIELDS MUST BE COMPLETED!!!

DATE		**SC LICENSE #**		**MASTER PLAN NAME** *(Attach Master Plan Summary Sheet)*	
JOB LOCATION					
TAX MAP #		**ZONING DISTRICT**			

I, as a property owner or owner representative, confirm to the best of my knowledge that the above property ☐ is ☐ is not within a flood hazard area

SIGNATURE: **RELATIONSHIP:**

CONTACT INFORMATION *Whom should reviewers contact with questions?*	**NAME:**				
	ADDRESS:				
	TEL:		**FAX:**	**E-mail**	
CONTRACTOR INFORMATION *If not known, enter: "To Be Determined"*	**NAME:**				
	ADDRESS:				
	TEL:		**FAX:**	**E-mail**	
PROPERTY OWNER		**ADDRESS**			
DESCRIPTION OF WORK					
PROPOSED USE	☐ **Single-family** ☐ **Duplex**				

# OF FLOORS		**BUILDING HEIGHT** *To top of roof ridge*		**EXISTING TOTAL SQ. FT.**	
NEW HEATED SQ. FT.		**NEW UNHEATED SQ. FT.**		**SQ. FT. OF COVERED STRUCTURES**	
TOTAL # OF ROOMS		**TOTAL # BATHROOMS**		**TOTAL # OF BEDROOMS**	
SQ. FT. OF LOT		**EXISTING LOT COVERAGE** ***SEE BELOW***		**PROPOSED LOT COVERAGE** ***SEE BELOW***	

BUILDING SETBACKS	**FRONT:**	**SIDE (1):**	**SIDE (2):**	**REAR:**
JOB VALUE	**$**	**COMPLETION DATE**		

WILL THERE BE SUBCONTRACTORS ON THIS JOB? ☐ YES ☐ NO (*If YES – Submit Subcontractor List*)

SIGNATURE				
FOR STAFF USE	**INVOICE #**		**AUTHORIZED BY**	

***LOT COVERAGE = TOTAL FOOTPRINT OF AREA IN ALL BUILDINGS DIVIDED BY TOTAL AREA OF LOT.**

FOR INSPECTIONS CALL 803-545-3420