



# County of Orangeburg Commercial Building Permit/Plan Review Application

Building Inspection Department 1437 Amelia St. Orangeburg SC 29115- P.O. Box 9000 Orangeburg SC 29115  
Phone: 803-533-6173 / Fax: 803-533-6048 / Email: [permits@orangeburgcounty.org](mailto:permits@orangeburgcounty.org)

**Failure to complete all information listed below, may result in a refusal of application.**

Location of Project: \_\_\_\_\_ TMS #: \_\_\_\_\_

## **CONTRACTOR INFORMATION** (Contractor must be selected prior to any plan review being conducted)

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contractor Address: \_\_\_\_\_ SCLLR #: \_\_\_\_\_  
Contractor Email: \_\_\_\_\_ SC LICENSE EXP. DATE: \_\_\_\_\_

## **OWNER INFORMATION**

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Owner Address: \_\_\_\_\_

## **BUILDING INFORMATION:** **CHECK ONLY 1 DISCIPLINE PER APPLICATION**

**DISCIPLINE:** Building \_\_\_ Electrical \_\_\_ Plumbing \_\_\_ Mechanical \_\_\_ Gas \_\_\_ Sprinkler \_\_\_  
Fire Alarm \_\_\_ Solar \_\_\_ Kitchen Hood \_\_\_ Kitchen Hood Suppression \_\_\_ Demolition \_\_\_

Type of Bldg. Construction & Occupancy Type: \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

New Construction \_\_\_ Addition \_\_\_ Renovation/Repair \_\_\_ Relocation \_\_\_

Building Area: Sq. Ft. Heated: \_\_\_\_\_ Sq. Ft. Unheated: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Occupancy Load: \_\_\_\_\_

Total Contract Price – Must be completed (Materials & Labor): \_\_\_\_\_

### **❖ Plan submittals must include the following:**

- ❖ 3-Hard Copies or 1 Digital set of Construction Plans- If submitting electronically, a stamped copy will be emailed back to the contractor. This copy must be printed, legible, and remain on the site during construction for the inspector's review.
- ❖ 1 Copy of project Specifications. For cell tower **modifications** provide 1 copy of structural analysis report.
- ❖ 1 Digital or Hard copy of Site Plans indicating storm water, landscape, parking and set backs.
- ❖ DHEC Septic Approval / Wastewater Disposal System Form **or** Letter from Utility stating water/sewer available.
- ❖ Floodplain development permit (*if located within flood zone, contact zoning department at 803-533-6160*)

*I certify to the best of my knowledge that all information provided is true and correct and all work performed under this permit shall conform to all plans and specifications herewith submitted and shall conform to all adopted building codes, laws and ordinances pertaining thereto. All Permit applications and associated documents are retained for a period of 180 days from application date. All documents will be destroyed if a permit has not been obtained within this 180-day period. If application has been rejected due to a lack of information, all documents will be destroyed 30 calendar days after notification of rejection has been sent. A complete resubmission of documents will then be required.*

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date