



# Permit Amendment Application

Application for Permit Amendments  
 BUSINESS AND DEVELOPMENT SERVICES  
 P.O. BOX 249 - 5 EAST BUTLER ROAD  
 MAULDIN • SOUTH CAROLINA 29662

WWW.CITYOFMAULDIN.ORG • (864) 234-3475

APPLICATION SUBMITTAL DATE: ASSOCIATED PERMIT OR PROJECT NUMBER (S):	OFFICE USE <input type="checkbox"/> B <input type="checkbox"/> F <input type="checkbox"/> Z <input type="checkbox"/> FLOOD <input type="checkbox"/> PW <input type="checkbox"/> SIGN
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PROJECT LOCATION		PARCEL ID #:	
<input type="checkbox"/> RESIDENTIAL PROJECT – Complete this section			
Street Address:	City:	State:	Zip:
Subdivision Name:	Lot Number:	New Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Property Owner Name:	Home #: ( ) -	Mobile #: ( ) -	
<input type="checkbox"/> COMMERCIAL PROJECT – Complete this section			
Name of Business/Lessee:	Shopping Center / Development Name:	Suite #:	
Street Address:	City:	State:	Zip:
Property Owner Name:	Contact Phone #: ( ) -	Email:	

CONTRACTOR /CONTACT INFORMATION		License #	
Business Name:	Contact Name:		
Mailing Address:	City:	State:	Zip:
Business Phone Number: ( ) -	Mobile Phone: ( ) -		
Email:	SIGNATURE (*):		

DESCRIBE THE CHANGES AND/OR ADDITIONAL WORK BEING ADDED TO THE PERMIT IN DETAIL:

<input type="checkbox"/> BUSINESS LICENSE CONTRACTOR UPGRADE	NOTE: IF YOUR COMPANY HAS NOT PURCHASED AN ANNUAL BUSINESS LICENSE FOR THE CALENDAR YEAR, A BUSINESS LICENSE UPGRADE FEE IS REQUIRED.
<input type="checkbox"/> BUSINESS LICENSE #:	CONTRACT AMOUNT: \$ X .002 = BL FEE DUE: \$

## PERMITS REQUESTED /FEES

Permits Requested	Associated Permit #	Contractor Business Name	State License Number	Cost of Work	Permit Fees
<input type="checkbox"/> Electrical				\$	\$
<input type="checkbox"/> Mechanical				\$	\$
<input type="checkbox"/> Plumbing				\$	\$
<input type="checkbox"/> Fire Sprinklers				\$	\$
<input type="checkbox"/> Fire Alarms				\$	\$
<input type="checkbox"/> Refrigeration				\$	\$
<input type="checkbox"/> Gas Piping				\$	\$
<input type="checkbox"/> Hood System				\$	\$
		ICC Cost	Total Project Cost	\$	\$
				Zoning	
				Flood	
				Sign	
				Other	\$
				Total Fee	\$

## SIGNATURES (\*)

By signing this application I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I 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 laws and local ordinances. The Business and Development Services Department will be notified of any changes in the approved plans or specifications for the project as permitted.

<b>Owner/Agent - Printed Name:</b> <hr/>	<b>Address:</b> 	
	<b>City:</b>	<b>State:      Zip:</b>
<b>Signature (Owner/ Agent):</b> 	<b>Phone Number:</b> (    )    -	<b>Email Address:</b>
	<b>Architect / Engineer - Printed Name:</b> <hr/>	
<b>Signature (Architect / Engineer):</b> 	<b>Company Name:</b> <hr/>	
	<b>Address:</b>	
	<b>City:</b>	<b>State:      Zip:</b>
	<b>Phone Number:</b> (    )    -	<b>Email Address:</b>

