Application for Commercial Permit

BUSINESS AND DEVELOPMENT SERVICES
5 EAST BUTLER ROAD
MAULDIN ▪ SOUTH CAROLINA 29662
WWW.CITYOFMAULDIN.ORG ▪ (864) 234-3475

COMMERCIAL-SMALL

(< 5,000 square feet)

APPLICATION SUBMITTAL DATE:	**B Z F PW FL GC** **PERMIT NUMBER:**

☐ **UTILITIES**	**SEWER:** **Plans Required for New Construction or Adding Fixtures** Two (2) Copies of Site and Drainage Plan
POWER COMPANY:	☐ CITY OF MAULDIN ☐ METRO
WATER METER SIZE:	☐ REWA - PAID @ CITY ☐ REWA – PAID @ REWA (Receipt Required)
	ADDING NEW PLUMBING FIXTURES: ☐ Yes ☐ No

PROJECT LOCATION		**PARCEL ID #:**		
Street Address:	**Unit / Suite:**	**City:**	**State:**	**Zip:**
Name of Business/Lessee:		**Shopping Center/ Development Name:**		
Property Owner Name:		**New Owner:** ☐ **Yes** ☐ **No**		
Mailing Address:		**City:**	**State:**	**Zip:**
Business Phone Number: ( ) -	**Mobile Phone Number:** ( ) -	**Other:**		
Applicant Email:	**Owner Email:**	**Other Email:**		

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

☐ **ZONING: PROPERTY AND USE** **Has the site been vacant for 180 days or more? :** ☐ **Yes** ☐ **No**	**NOTE: If vacant for more than 180 days or if project cost exceeds 50% of tax accessed value; Zoning Compliance and a site plan submittal is required:** **(3) Three Copies of 11 x17 Site Plan Drawn to Scale**
ZONING DISTRICT:	**PROJECT TYPE:** ☐ Single Tenant ☐ Multi-Tenant
LOT SIZE: Square Footage or Acreage	**MULTI-FAMILY**: ☐ Condominium ☐ Apartments
Property Description: ☐ Owner Occupied ☐ Rental /Lease ☐ Sale	**Is this project a Change of Use:** ☐ Yes ☐ No
TOTAL PROJECT COST: $	**Describe the Previous Use(s):**

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☐ BUILDING / FIRE PERMIT

NOTE: Building Construction Plans are NOT required if the following Information is completed in full.

Project Information:	☐ New	☐ Addition	☐ Remodel	☐ Repairs
	☐ Shell	☐ Upfit	☐ Change of Use	☐ Other:
Demolition:	☐ None	☐ Structural	☐ Non-Structural	**DHEC APPROVAL:** ☐ Yes ☐ No

Is the project area occupied? ☐ Yes ☐ No

Are there other tenants in the Building? ☐ Yes ☐ No

Occupancy Class	☐ A1	☐ A2	☐ A3	☐ A4	☐ A5	☐ B	☐ E	☐ F1	☐ S2
	☐ F2	☐ H1	☐ H2	☐ H3	☐ H4	☐ H5	☐ I1	☐ I2	☐ V-B
	☐ I4	☐ M	☐ R1	☐ R2	☐ R3	☐ R4	☐ S1	☐ I3	

Number of Stories:	**Number of Units in Building:**
TOTAL SQUARE FEET OF EXISTING BUILDING:	**TOTAL SQUARE FEET OF NEW CONSTRUCTION:**

DIMENSIONS OF PROPOSED STRUCTURE 1 (Including Additions): Feet × Feet = Total

DESCRIBE WORK IN DETAIL:

☐ CONSTRUCTION DATA

CONSTRUCTION TYPE – SELECT ALL THAT APPLY

☐ **Non-combustible I or II**

WALLS	FLOORS AND ROOF
☐ Metal Studs	☐ Concrete slab
☐ Steel Columns	☐ Steel beams with metal pan / deck
☐ Load Bearing masonry or solid reinforced Concrete Walls or Columns	☐ Steel bar joist (truss) with metal pan / deck ☐ Metal joist

☐ **Type III:** Load Bearing Masonry Walls or

Non -Combustible Exterior Walls with Wood Framing at Interior floors, roof, and partitions.

☐ **Type IV:** Heavy Timber construction

☐ **Type V:** Wood framed construction "Stick Frame"

Sprayed fire protection on the Steel Frame? ☐ Yes ☐ No

Are Ceilings, columns, and walls covered with sheet rock or non-combustible material? ☐ Yes ☐ No

Sprayed Fire Protection on Steel Bar Joist? ☐ Yes ☐ No

Are walls, ceilings, or other parts of the structure fire rated construction? ☐ Yes ☐ No

COMMENTS:

If yes, please list the fire rating, if known:

Bearing Walls: Tenant Separation

Drop Ceiling: Corridor Walls

Floor Ceiling Assemblies:

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☐ LIFE SAFETY PROVISIONS

NOTE: PLEASE COMPLETE AND CHECK ALL THAT APPLY

How many exits are provided from the space?	**Provide the Longest travel distance to an exit**
Where do the exits lead? ☐ To another space ☐ Directly to the exterior of the building ☐ To an exit passageway or an exit stair	**What is the occupant load?** **Where is the electrical panel that serves the space, located?**

DOES THE BUILDING HAVE OR DO YOU INTEND TO INSTALL THE FOLLOWING?

FIRE SPRINKLERS: ☐ Yes ☐ No ☐ Will Install ☐ **New System** ☐ **Updating Existing System**	**FIRE ALARM:** ☐ Yes ☐ No ☐ Will Install ☐ **New System** ☐ **Updating Existing System**
Emergency Lighting: ☐ Yes ☐ No ☐ Will Install **Exit Signs:** ☐ Yes ☐ No ☐ Will Install	**Smoke Detection System**: ☐ Yes ☐ No ☐ Will Install **Panic Hardware:** ☐ Yes ☐ No ☐ Will Install

☐ ACCESSIBILITY /HEALTH PROVISIONS

NOTE: PLEASE COMPLETE AND CHECK ALL THAT APPLY

DOES THE BUILDING HAVE OR DO YOU INTEND TO INSTALL THE FOLLOWING:

Accessible Parking with Signage: ☐ Yes ☐ No ☐ Will Install **How many spaces:**	**Exterior Accessible Route to Main Entrance:** ☐ Yes ☐ No ☐ Will Install
Accessible Doors with 32" clear passage and lever type handles provided throughout: ☐ Yes ☐ No ☐ Will Install	**Toilet Rooms:** ☐ Yes ☐ No ☐ Will Install **If yes, are they handicap accessible ?** ☐ Yes ☐ No ☐ Will Install **Drinking Fountain:** ☐ Yes ☐ No ☐ Will Install **If yes, are they handicap accessible ?** ☐ Yes ☐ No ☐ Will Install

☐ 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 FOR ALL CONTRACTORS AND SUBCONTRACTOR INVOLVED IN THE PROJECTS.

CONTRACT AMOUNT: $ X .002 = BL FEE DUE: $

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PERMITS REQUESTED / FEES

Permits Requested	Associated Permit #	Contractor Business Name	State License Number	Cost of Work	Permit Fees
☐ Building				$	$
☐ Electrical				$	$
☐ Mechanical				$	$
☐ Plumbing				$	$
☐ Fire Sprinkler				$	$
☐ Fire Alarms				$	$
☐ Refrigeration				$	$
☐ Gas Piping				$	$
☐ Hood System				$	$
		ICC Cost	Total Project Cost	$	$

ADDITIONAL FEES	
Plan Review	$
Zoning	$
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.

Owner/Agent - Printed Name:	**Address:**
_____	**City:** **State:** **Zip:**
Signature (Owner/ Agent):	**Phone Number:** ( ) - **Email Address:**
Architect / Engineer - Printed Name:	**Address:**
_____	**City:** **State:** **Zip:**
Signature (Architect / Engineer):	**Phone Number:** ( ) - **Email Address:**

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