



CITY OF SENECA
 Planning & Development
 P.O. Box 4773
 250 East North Second Street
 Seneca, South Carolina 29679
 (864)885-2726
 fax: (864) 888-0879
 www.seneca.sc.us

Building Permit # _____

Date Issued _____

BJ Klaren
Building Official

BUILDING PERMIT APPLICATION

TO BE COMPLETED BY APPLICANT

Project Address		Lot #	Parcel Number		
Owner	Mailing Address		Phone E-Mail		
Contractor	Mailing Address		Phone E-Mail		
State License #	Contractor Classification				
Architect or Designer	Mailing Address		Phone E-mail		
Engineer	Mailing Address		Phone E-Mail		
Proposed Use (Circle One)	Single Family	Multi-Family	Commercial	Other	
Construction Type: _____					
Type of Work (Circle One)	New Construction	Addition	Alteration	Repair	Roofing
Demo (Expires in 30 Days)					
Description of work:					
Structure Information:					
1 st Floor (Sq. Ft.) _____		Full Baths _____			
2 nd Floor (Sq. Ft.) _____		½ Baths _____			
3 rd Floor (Sq. Ft.) _____		No. of Bedrooms _____			
Total Sq. Ft. _____		Masonry Fireplace: Yes No			
Heating/Cooling System Type _____					
Total Cost of Job: _____			Permit Fee: _____		

OFFICE USE ONLY

Zoning District	Setback Requirements Front: Side: Back:		AR District/File #	Flood Zone	Permit Fee (Non-Refundable)	BZA Case #
Type of Const.	Occup. Class.	Fire Sprinklers Required Yes No	Sprinkler Type 13 13R 13D		No. Dwelling Units	Plan review Fee
Application Accepted By:			Zoning Compliance Certification		Approved for Issuance by:	

 Signature of Contractor or Authorized Agent (Date)

 Print Name

 Signature of Owner (If Owner Builder) (Date)

 Print Name