



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 # \_\_\_\_\_

**BJ Klaren**  
Building Official

Date Issued \_\_\_\_\_

**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)	<b>Single Family</b>	<b>Multi-Family</b>	<b>Commercial</b>	<b>Other</b>	
Type of Work (Circle One)	<b>New Construction</b>	<b>Addition</b>	<b>Alteration</b>	<b>Repair</b>	<b>Roofing</b>
					<b>Demo</b>
Description of work:					
Structure Information:					
	1 <sup>st</sup> Floor (Sq. Ft.) _____	Full Baths _____			
	2 <sup>nd</sup> Floor (Sq. Ft.) _____	½ Baths _____			
	3 <sup>rd</sup> 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