



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>	
Construction Type: _____					
Type of Work (Circle One)	<b>New Construction</b>	<b>Addition</b>	<b>Alteration</b>	<b>Repair</b>	<b>Roofing</b> <b>Demo</b> (Expires in 30 Days)
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