

# City of Loris

## Commercial Building Permit Application - 2012 IBC 2011 NEC 2009 IECC

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owners Phone: \_\_\_\_\_

Previous Owner : \_\_\_\_\_

(if owned less than 12 months)

Location of Property: \_\_\_\_\_

TMS# \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City Business License Number: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

Type of Work: New ( ) Addition ( )

Renovation ( ) Repair ( )

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated Date of Completion: \_\_\_\_\_

Type Construction \_\_\_\_\_

Ext. Construction \_\_\_\_\_

Stories \_\_\_\_\_

Rooms \_\_\_\_\_

Baths \_\_\_\_\_

Plans Attached: Yes ( ) No ( )

(Building and Site plans are required for approval)

Type of heating/cooling \_\_\_\_\_

SF - unheated \_\_\_\_\_

SF - heated \_\_\_\_\_

SF - Total \_\_\_\_\_

Total Construction Cost \_\_\_\_\_

*I understand that all applications for Building permits, along with all required information must be provided to the office of the Building Department. All information submitted will be reviewed prior to the issuance of a building permit. All contractors, subcontractors, and other professionals performing work at the site must possess a current City of Loris Business License as well as other licensure as required by law. Failure to comply with any City Ordinance or State and Federal laws and regulations may result in suspension and/or termination of the building permit and the penalties of the ordinance or law imposed. I further agree that all fees for this permit are to be paid in full prior to issuance.*

*Do not write in this space - City of Loris Use Only*

Building Permit Fee \_\_\_\_\_

Fire Impact Fee \_\_\_\_\_

Water/Sewer Tap Fee \_\_\_\_\_

Water/Sewer Impact Fee \_\_\_\_\_

Total Fee \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

*Do not write below this line - City of Loris Use Only*

Date Rec'd: \_\_\_\_\_

Fee Paid

LPW: \_\_\_\_\_

Water: \_\_\_\_\_ Tap: \_\_\_\_\_ Ext. \_\_\_\_\_ W/S Fee \_\_\_\_\_

LFD: \_\_\_\_\_

Sewer: \_\_\_\_\_ Tap: \_\_\_\_\_ Ext. \_\_\_\_\_

LBD: \_\_\_\_\_

REV 9/2014