



Building Department Permit Application

Application and all required supporting materials must be completed prior to requesting a permit.

City of Conway Building Department
206 Laurel Street, 29526

Phone: (843) 488-9888
Conway, South Carolina

FAX: (843) 488-9890
www.cityofconway.com

Address of Work Site: _____	TMS# _____	Zoning: _____
Owner of Property: _____	Mailing Address: _____	
Phone #: _____	Fax #: _____	
Contractor: _____	Mailing Address: _____	
Phone #: _____	Fax#: _____	Email: _____
City Business License #: _____	State License #: _____	Expiration Date: _____
Architect/Designer: _____	Mailing Address: _____	
Phone #: _____	Fax#: _____	
Engineer: _____	Mailing Address: _____	
Phone #: _____	Fax#: _____	
Type of Work : New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Remove <input type="checkbox"/> Other <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/>		

Explain Work Specifically:

_____ Signature of Contractor or Authorized Agent _____ Print Name _____ Signature of Owner (if Builder) _____ Print Name	<p>Is RESIDENCE 50 years or older? _____ A print out, available from the Horry County Assessor's Office, is required as proof age.</p> <p>VALUATION OF WORK: \$ _____ Valuation on Building Permits will be calculated by Building Department. Separate permits may be required. Subcontractor information must be provided.</p> <p>NOTE: ALL SEWER & WATER FEES MUST BE PAID PRIOR TO THE ISSUANCE OF PERMITS ON NEW CONSTRUCTION.</p>
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Approvals	Building	Zoning	Type of Const.	Occupancy Group	Total Sq. Ft
	Building Permit \$ _____	_____	# Stories	# Dwelling Unit	# Bedrooms
	Electrical Permit _____	_____	# Bathrooms	Elec. Amp	HVAC
	Plumbing Permit _____	_____	Flood Elevation	Fire Sprinklers	# of Seats
	Mechanical Permit _____	_____	Date Issued: _____ Issued By: _____ Permit # _____ Permit Amt \$ _____		
	Gas Permit _____	_____			
	Sign Permit _____	_____			
	Plan Review Fee _____	_____			
	Zoning Compliance Fee _____	_____			
	Fire Sprinklers _____	_____			
	Other _____	_____			
	Total Amount Due _____	_____			