

Town of McClellanville
Building Permit Application
McClellanville, SC
Charleston County

Date: _____

Property Owner Name: _____

Property Owner Address: _____ ph: _____

Address of Building: _____

Tax Map # _____ Lot # _____ Lot Size _____

Description of Work: _____

Type of Construction: _____

A/E Name and Address: _____

_____ ph: _____

Contractor Name and Address: _____

_____ ph: _____

Contractor's License Number and Type: _____

Total Enclosed Floor Area: _____ sf Porches: _____ sf Decks: _____ sf

No. of Stories: _____ No. of bedrooms: _____ No. of bathrooms: _____

Type of HVAC System: _____ Electrical Service: _____ amps

Proposed Finished First Floor Elevation: _____ feet above mean sea level

Flood Zone: _____ Base Flood Elevation: _____

Use of Improvements: _____

Estimated Cost: \$ _____

Fee: \$ _____

I certify the accuracy of the foregoing information.

Applicant Signature: _____

Remarks: _____

Building Official Approval _____

The permit card must be posted on the property.

Permit void if construction is not started within six (6) months of date of issue.