



# Permit Application

## City of Tega Cay

### Development Services

7725 Tega Cay Drive

*DESIRED PROCESSING -*  
 \_\_\_\_\_ Standard  
 \_\_\_\_\_ Fast Track  
 \_\_\_\_\_ Emergency  
 \_\_\_\_\_ Work Already Started

p 803.548.3513      f 803.802.4896      building@tegacaysc.gov

**Development Services Office Hours are Monday - Friday 7:30 am to 4:00 pm**

**Type of Permit Requested :**

Check Box(s)	Permit Type :	Complete Section Numbers :	Required Submittals :
<input type="checkbox"/>	Zoning Compliance	1, 2, 3, 4, 5, 8 & 9	1) Certified surveyed plat showing location 2) Landscaping Plans (if applicable) 3) ARC/HOA approval form (if applicable)
<input type="checkbox"/>	Land Disturbance	1, 2, 3, 4, 5, 8 & 9	1) Land Disturbance Plan
<input type="checkbox"/>	Building <small>(includes new houses, additions, pools, decks, HVAC replacement, etc.)</small>	1, 2, 3, 4, 5, 6, 8 & 9	1) Building plans, drawings, specifications
<input type="checkbox"/>	Fence / Retaining Wall	1, 2, 3, 4, 5, 7, 8 & 9	1) Certified surveyed plat showing location 2) Fence drawings and specifications

**Section 1 Nature of Work :**

Provide a brief description of the scope of the project (if the project includes a retaining wall, provide the height of the wall) (if the project involves roofing, indicate if it is new shingles only) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(continue in Section 8 Comments if more space is needed)

**Section 2 Total Project Cost Valuation :** \_\_\_\_\_

**Section 3 Project Site Information :**

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

Lot No. : \_\_\_\_\_ Lot Acreage : \_\_\_\_\_

Subdivision : \_\_\_\_\_ Tax Map No. : \_\_\_\_\_

**Section 4 Property Owner Information :**

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

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

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Home No. : \_\_\_\_\_ Cell No. : \_\_\_\_\_

Email : \_\_\_\_\_ Work No. : \_\_\_\_\_

**Section 5 Contractor Information :**

No contractor / Owner's Disclosure

**GENERAL CONTRACTOR, RESIDENTIAL BUILDER OR SPECIALTY CONTRACTOR**

Licensee : \_\_\_\_\_ Qualifying Party : \_\_\_\_\_

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

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Office No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email : \_\_\_\_\_ City Bus Lic : ID No. - \_\_\_\_\_

S.C. License No. : \_\_\_\_\_ Exp Date : \_\_\_\_\_ BL No. - \_\_\_\_\_

**MECHANICAL SUBCONTRACTOR** Licensee : \_\_\_\_\_

Qualifying Party : \_\_\_\_\_ Address : \_\_\_\_\_

S.C. License No. : \_\_\_\_\_ Exp Date : \_\_\_\_\_ Phone No. : \_\_\_\_\_

**ELECTRICAL SUBCONTRACTOR** Licensee : \_\_\_\_\_

Qualifying Party : \_\_\_\_\_ Address : \_\_\_\_\_

S.C. License No. : \_\_\_\_\_ Exp Date : \_\_\_\_\_ Phone No. : \_\_\_\_\_

**PLUMBING SUBCONTRACTOR** Licensee : \_\_\_\_\_

Qualifying Party : \_\_\_\_\_ Address : \_\_\_\_\_

S.C. License No. : \_\_\_\_\_ Exp Date : \_\_\_\_\_ Phone No. : \_\_\_\_\_

Required for ALL permits

