



TOWN OF SPRINGDALE

2915 Platt Springs Road • Springdale, SC 29170
Office (803) 794-0408 • Fax (803) 791-0567
Visit the Town Web Site at www.springdale.sc.gov

BUILDING / WORK PERMIT APPLICATION

Business Name _____
Applicant Name _____
Applicant Business Address _____
Phone # _____ SC Contractor license # _____
Must provide one: Fed. ID # _____ or SSN: _____

Work Site Address _____
Property owner _____ Phone # _____
Estimated Completion Date: _____

Check all that apply:

Electrical Heating & Air Plumbing Mechanical /Gas Commercial Residential

Description of work to be performed:

Total value of work on this permit (materials and labor) \$ _____ Permit fee \$ _____

PLEASE NOTE: No license/permit shall be issued to anyone that does not have a current SC contractor's license. Any omission or misrepresentation of fact, with or without the intention of the undersigned, or any alteration of change from this application without the approval of the building official, shall constitute sufficient ground for the revocation of any permit issued. This permit shall become void immediately and actions, in accordance with local ordinances and state law, may be sought against the individual(s) and/or organizational representative by the undersigned. The undersigned also agrees that if all required inspections are not completed and approved by the Building Official in a timely manner, the Town of Springdale is released from any liability incurred as a result of faulty construction. All subcontractors are required to have a Springdale Business License and work permit. It is understood and agreed by the undersigned that the approval of this permit does not constitute a privilege to violate the building code, zoning ordinance, or other ordinances of The Town of Springdale.

Print applicant's Name _____

Signature: _____ Date _____

Yard Setback Lines (ft.)	R-1	R-2/3	C-1	C-2	I-1	P-1
Minimum Front	30	Varies	20	20	50	30
Minimum Side	15	Varies	20	20	10	15
Minimum Rear	25	20	30	30	15	25

Maximum allowed height of structure is 35 feet

PERMIT NUMBER _____

ISSUED BY (STAFF INITIAL/DATE) _____