



PERMIT REQUEST FORM

Telephone _____

Fax _____

Date _____

Permit Type:

Residential _____

Commercial _____

Changing for the Future
P.O. Box 828
Belton, SC 29627
Telephone 864-338-7773
Fax 864-338-8369
www.CityofBeltonSC.com

Description (Business, Church, Residence, School, Etc.) _____

Name of Property Owner _____

Name of Applicant (if other than property owner) _____

Contact Person _____ Phone _____

Property Location (911 address) _____

Tax Map Number _____ Zoning Classification _____

Flood Insurance Rate Map Community # _____ Panel # _____ Effective Date _____

(NOTE: Per Ordinance 415, mobile homes are not to be older than 15 years from date of application.)

Description of Work:

Name of general contractor _____

Address _____

Phone _____

List of Subcontractors: (electrical, mechanical, plumbing, etc.)

Signature of property owner _____

Signature of Applicant _____

Water _____ Sewer _____

Approval for issuance by _____ Date _____