



Town of Sullivan's Island

Sullivan's Island, South Carolina

BUILDING PERMIT APPLICATION

Sullivan's Island Building Department
2050-B Middle Street

Phone: (843) 883-3198
Sullivan's Island South Carolina

FAX: (843) 883-3009
<http://www.sullivanisland-sc.com/>

Address of Work Site: _____	TMS# _____	Zoning: _____
Owner of Property: _____	Mailing Address: _____	
Phone #: _____	Fax #: _____	
Contractor: _____	Mailing Address: _____	
Phone #: _____	Fax#: _____	
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 Scope of Work : _____

_____ Signature of Contractor or Authorized Agent _____ Print Name _____ Signature of Owner (if Builder) _____ Print Name	VALUATION OF WORK: \$ _____ Valuation on Building Permits will be calculated by Building Department. Separate permits may be required. Subcontractor information must be provided. NOTE: ALL SEWER & WATER FEES MUST BE PAID PRIOR TO THE ISSUANCE OF PERMITS ON NEW CONSTRUCTION.
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Approvals	Building	Zoning	Total Sq. Ft.	Total Impervious	Total Heated Sq. Ft.
	Building Permit \$ _____	_____	Lot Sq. Ft. _____	Const. Type _____	Occupancy _____
	Electrical Permit _____	_____	# Stories _____	# Dwelling Unit _____	# Bedrooms _____
	Plumbing Permit _____	_____	# Bathrooms _____	Elec. Amp _____	HVAC _____
	Mechanical Permit _____	_____	Flood Elevation _____	Fire Sprinklers _____	# of Seats _____
	Gas Permit _____	_____	Date Issued: _____ Issued By: _____ Permit # _____ Permit Amt \$ _____		
	Sign Permit _____	_____			
	Plan Review Fee _____	_____			
	Fire Sprinklers _____	_____			
	Other _____	_____			
	Total Amount Due \$ _____				