

ANDERSON COUNTY BUILDING PERMIT APPLICATION (NEW RESIDENTIAL/ADDITION/GARAGE)

MAP: _____ PARCEL: _____ AC/LOT: _____ ZONE: _____

ROAD NAME/E-911 ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PROPERTY OWNER: _____

HOME PHONE: _____ WORK PHONE: _____

CONTRACTOR: _____ STATE CONTRACTOR LIC#: _____

ADDRESS: _____ PHONE: _____

PROPOSED USE: _____

NO. EXISTING DWELLINGS ON LOT: _____ WATER SOURCE _____

ROAD FRONTAGE (in feet): _____

BUILDING SETBACKS: (The setback is the distance from the property lines and the road Right-of-way)

FRONT _____ BACK _____ SIDES _____

(Meeting set back requirements is the responsibility of the permit holder and/or contractor. Anderson County Public Works cannot be held responsible).

I, THE UNDERSIGNED, SWEAR/AFFIRM THAT I PROPOSE USE/CONSTRUCTION AS STIPULATED IN MY APPLICATION, DRAWINGS, & SPECIFICATIONS; I WILL COMPLY FULLY WITH ALL APPLICABLE LAWS & REGULATIONS, WHETHER SPECIFIED HEREIN OR NOT. ALL PERMITS ARE SUBJECT TO REVIEW FOR BUILDING SETBACK REQUIREMENTS.

SIGNATURE: (CONTRACTOR/AGENT/ PROPERTY OWNER/ RENTER) _____

DATE _____

Taken By _____ Date _____

APPLICATION REVIEW:

ROAD NAME: _____ CITY/STATE) _____ COUNTY R.O.W. _____ (ACTUAL)

MINIMUM DISTANCE ALLOWED FROM ROAD FRONTAGE PROPERTY LINE TO STRUCTURE: _____

ACCEPTABLE ZONE: A-1 A-2 R-1 R-1-S REQUIRED ACREAGE: _____ EXISTING ACREAGE: _____

VARIANCE REQUIRED: _____ RECEIVED: _____ (date)

PLANS REVIEW:

HEATED LIVING SPACE AREA: _____ Sq. Ft. X \$100.95 fee from chart \$ _____

UNFINISHED BASEMENT AREAS: _____ Sq. Ft. X \$15.00 fee from chart \$ _____

FINISHED BASEMENT AREA: _____ Sq. Ft. X \$100.95 fee from chart \$ _____

ATTACHED GARAGE AREA: _____ Sq. Ft. X \$ _____ fee from chart \$ _____ \$30 (0 - 500 sf)/\$40 (>500 sf)

OTHER STRUCTURE AREA: _____ Sq. Ft. X \$38.66-\$30.93 fee from chart \$ _____ (e.g., detached garage, storage building, decks, porch)

NUMBER OF INSPECTIONS: _____ X (\$30) \$ _____

TOTAL PERMIT FEE: \$ _____

REVIEWED FOR CODE COMPLIANCE BY: _____ DATE: _____

RESUBMITTAL OF CORRECTED PLANS REQUIRED: YES NO PLANS CORRECTED: YES NO N/A

REQUIREMENTS:

- A. TWO SETS OF PLANS B. SITE PLAT (signed by applicant) E. LLP (Due at time of permit issue) C. SEPTIC TANK LAYOUT (if required) D. E-911 ADDRESS CERTIFICATION E. WORKERS COMP. CERTIFICATE OF LIABILITY (865)425-8777 (865)463-8160

PAYMENT:

CASH _____ CHECK _____ PERMIT# _____