



APPLICATION FOR PERMIT
RCI of South Carolina, Inc.
864-524-8257
ccorn@rciscinc.com

DATE _____ **PERMIT #** _____

APPLICANT

Name(s) _____

Address: _____

Phone: _____ Email: _____

LLR License Number _____

OWNER(s) (if other than applicant)

Name(s) _____

Address: _____

Phone: _____ Email: _____

SUBJECT PROPERTY

Physical Address _____

Tax Map # _____

PERMIT TYPE (Please Check One):

☒ Residential

☒ Commercial

_____ Building _____ Electrical _____ Mechanical _____ Plumbing

_____ Fire Alarm _____ Fire Sprinkler _____ Fire Suppression

Contract Cost _____ **Building Type** _____ **Occupancy Type** _____

Utility Companies: Electric _____ **Gas** _____ **Water** _____

DESCRIPTION OF WORK:

Square Footage _____ **Heated** _____ **Unheated** _____

Signature of Applicant: _____ **Date:** _____

For Office Use Only:

_____ Business License Approval _____ Plot Plan _____ Tap Fees or Septic Tank Approval
_____ Contractor License or Homeowner Disclosure _____ Manual J & D _____ Zoning Approval

Date: _____ **Approved By:** _____

PERMIT VOID AFTER 6 MONTHS-NO REFUND AFTER 30 DAYS