



Building Permit Application

City of Chester
Building Safety Inspections & Zoning Administration Dept.
100 West End Street
Chester South Carolina 29706

Date: _____ Computed/Total Estimated Cost _____ Permit No. _____

Building Location _____ Tax Parcel No. _____
(Street address)

I hereby make application for permit to perform the work as described herein and if the permit is granted. I agree to conform to all Ordinances and regulations of the City of Chester, South Carolina pertaining thereto, whether specified herein or not, and in accordance with plans submitted. I further agree to repair any sidewalk or streets broken or damaged relating to construction and remove all trash and debris from site when construction is complete.

Owner _____

Address _____

Contractors/Subcontractors

Building & Grading Permit (more than 1 acre) _____

Electrical _____

Mech./HVAC/Gas _____

Plumbing _____

Fire Alarm/Sprinkler _____

Tel. No. _____ Email _____

Certificate of Occupancy Inspection Require for all new Single-Family Dwellings, Additions and/ or Commercial Businesses New or Existing spaces.

Type of Residential Occupancy: One/Two Family _____ Modular _____ Tiny Houses _____ Garage Carport/Storage _____

New Constr. _____ Addition _____ Renovations _____ Repair _____ Demolish _____

Manufactured Home Single Wide _____ Double Wide _____ Permanent Structure _____

Total Floor Area (sq.ft.) _____ Size of Building _____ Feet Front _____ Feet depth _____

No. of Stories _____ No. rooms _____ No. Kitchens _____ No. Baths _____ Basement Y/N _____ Size _____

Type of Commercial Occupancy: Assembly _____ Business _____ Educational _____ Factory/Indust. _____ Hazardous _____

Institutional _____ Mercantile _____ Multi-Family _____ Storage _____ Automobile Parking Garages/Automobile Repair Garages

Other buildings existing on the lot? If so, specify _____

TO BE FILLED IN BY THE INSPECTION DEPARTMENT

Zoning District _____ Street Setback _____ Side yard min. _____ Zoning/Building Board Case No. _____

Side yard corner min. _____ Front yard min. _____ Rear yard min. _____

Building setback minimum on front street shall be _____ Minimum on side street shall be _____

From center of present street right-of-way plus yard indicated above. Accessory building shall be five () feet from lot lines and in the rear of lot.

Sanitary sewer _____ Septic Tank _____ Is sewer tap required _____ Receipt no. _____

Off Street Parking Required No. of Spaces Off Street Loading and unloaded No. _____

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE

_____ I AUTHORIZE THE CITY OF CHESTER TO CHARGE MY PERSONAL CREDIT OR COMPANY/BUSINESS CREDIT CARD FOR THE AMOUNT LISTED BELOW. FEE AMOUNT \$ _____

CARD TYPE _____ CARD NUMBER _____ EXPIRATION DATE _____

OWNER OR AUTHORIZED REPRESENTATIVE OF CARD Holder _____