



Town of Holly Hill, SC
 8423 Old State Road Suite #1
 Holly Hill, SC 29059
 P: (803) 496-3330
 F: (803) 496-5211
hollyhill.sc.gov

TOWN OF HOLLY HILL, SC
DEPARTMENT OF BUILDING AND ZONING
BUILDING PERMIT APPLICATION

*Denotes Required Field

* Street Address:			
Tax Map #:			
OWNER INFORMATION			
* Name:		* Phone:	
* Address:		* Email:	
CONTRACTOR INFORMATION			
* Name:		* Phone:	
Address:		* SC License #:	
* Email:		* Local Registration #:	
ARCHITECT / ENGINEER INFORMATION			
Architect Name:		Engineer Name:	
Phone:		Phone:	
Email:		Email:	
WORK DESCRIPTION			
* Proposed Use:		* Value of Construction:	
* Describe work to be done:			
*Type of Improvement: <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Repair/Replace <input type="checkbox"/> Demolish <input type="checkbox"/> Moving <input type="checkbox"/> Alteration <input type="checkbox"/> Other			
# of Stories:	Heated Sq. Ft.:	Unheated Sq. Ft.:	Total Sq. Ft.:
Total # of Rooms:	# of Baths:	# of Bedrooms:	
Construction Type	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Masonry	Exterior Finish	<input type="checkbox"/> Masonry <input type="checkbox"/> Siding
Energy Source:	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Both		

Contractor Signature: _____ Date: _____

Print Name: _____

FOR OFFICE USE ONLY			
Zoning: _____	Setbacks Front: _____	Sides L: _____ R: _____	Rear: _____ Overall structure height: _____
Flood Zone: _____	BFE: _____	DFE: _____	Non-conversion: <input type="checkbox"/> Yes <input type="checkbox"/> No ELEVATION CERTIFICATE: <input type="checkbox"/> Yes <input type="checkbox"/> No
V-Zone Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No Flood Plain Development Permit <input type="checkbox"/> Yes <input type="checkbox"/> No			
Town Clerk Initials: _____		Town Administrator Initials: _____ Plan Review Initials: _____	
Date Received: _____	Name of Applicant: _____		Permit #: _____