



Town of Chesterfield, SC  
 Olde Towne Centre  
 112 Main Street  
 Chesterfield, SC 29709  
 P: (843) 623-2131  
 chesterfield-sc.com

Town of Chesterfield, SC  
 DEPARTMENT OF BUILDING AND ZONING  
**BUILDING PERMIT APPLICATION**

\*Denotes Required Field

* Street Address:			
Tax Map #:			
<b>OWNER INFORMATION</b>			
* Name:		* Phone:	
* Address:		* Email:	
<b>CONTRACTOR INFORMATION</b>			
* Name:		* Phone:	
Address:		* SC License #:	
* Email:		* Local Registration #:	
<b>ARCHITECT / ENGINEER INFORMATION</b>			
Architect Name:		Engineer Name:	
Phone:		Phone:	
Email:		Email:	
<b>WORK DESCRIPTION</b>			
* Proposed Use:		* Value of Construction:	
* Describe work to be done: <i>*Please email any plans in PDF form to: ccox@safebuilt.com</i>			
*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	Wood	Metal	Masonry
Exterior Finish	Masonry	Siding	
Energy Source:	Gas	Electric	Both

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>			
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 #: _____	