



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 #:	
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: <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.:
Total # of Rooms:	# of Baths:
Construction Type	Exterior Finish
Energy Source:	

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 #: _____