

**Town of Iva, South Carolina – Building & Codes**  
**P.O. Box 188**  
**Iva, South Carolina**  
**864-348-6193 (phone) 864-348-7562 (fax)**  
[www.townofiva.org](http://www.townofiva.org)

**RESIDENTIAL CONSTRUCTION PERMIT APPLICATION**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

***Job Information***

Address: \_\_\_\_\_

Tax Map No. \_\_\_\_\_

Owner \_\_\_\_\_

Owner Phone No. \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Owner Email \_\_\_\_\_

***Zoning Information***

Current Zoning Designation \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Zoning Approval  YES  NO  VARIANCE REQUESTED

BUILDNG – New Residential Single-Family      Construction Cost: \_\_\_\_\_

Use:  Single Family      Dimensions: Sq Ft \_\_\_\_\_

Duplex/Town Homes      # Stories \_\_\_\_\_

Height \_\_\_\_\_

Description of Job/Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Construction: # Rooms \_\_\_\_\_ # Baths \_\_\_\_\_ # Stories \_\_\_\_\_ Sq Footage \_\_\_\_\_

Water  Yes  No      Sewer  Yes  No

**ELECTRICAL**

Residential  Commercial      #No. of Fixtures \_\_\_\_\_

Description of Job/Work \_\_\_\_\_

\_\_\_\_\_

Electrician/Company: \_\_\_\_\_

**MECHANICAL/GAS:**

Residential  Commercial /  New Service  Alteration  Addition  Repair

Description of Job/Work \_\_\_\_\_

**MISCELLANEOUS: (Demolition, Grading, Moving, Temporary Non-Residential Use)**

Type \_\_\_\_\_ Contract/Job Cost: \_\_\_\_\_

Description of Job/Work \_\_\_\_\_

**RESIDENTIAL PROPERTY OWNER DOING OWN WORK:**

*This is to certify that I am owner and will be the sole occupant of the property for two years after issuance of the Certificate of Occupancy for which this permit application is made. By signing this application, I am stating that I will be performing this work myself and, therefore, am solely responsible for any and all work that is performed at this address and removal of all construction debris. I also agree to be on the job site at any time that work is being performed and understand that all required inspections are to be properly requested and completed before any work is concealed. All subcontractors used on this project must obtain necessary permits and/or business license. VIOLATION OF ANY PART OF THIS AGREEMENT SHALL VOID ALL PERMITS*

PRINT Name of Property Owner \_\_\_\_\_

Date \_\_\_\_\_

SIGN Name of Property Owner \_\_\_\_\_

Phone Number \_\_\_\_\_

NOTE: Is this is a rental property, South Carolina Law states that all work MUST be performed by a licensed contractor.

**CONTRACTOR**

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (business) \_\_\_\_\_ (cell)

Email Address \_\_\_\_\_

Town of Iva Business License No. \_\_\_\_\_ Expiration \_\_\_\_\_

State License Agency (please check one)

SC Contractors License Board No. \_\_\_\_\_  SC Residential Builders Commission No. \_\_\_\_\_

*By signing this application, I certify that I am an authorized agent for the company performing the work stated above and that all the information provided is true. I further understand that if any information provided is found to be incomplete, incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of pertinent related state laws and local ordinances*

PRINT \_\_\_\_\_

SIGN \_\_\_\_\_

DATE \_\_\_\_\_

Authorization to Inspect \_\_\_\_\_ (Initials)