Building Permit Application
City of Goose Creek

Office Use Only: Permit Numbers
_____ - X _____ - E
_____ - B _____ - M
_____ - G _____ - SP
_____ - P
BL#_____

Street Address_____ Type of Construction_____

Tax Map Number_____ Lot_____ Block_____ Subdivision_____

Property Owner_____ Phone_____

Contractor_____ Phone_____

Address_____ Contractor's State License #_____

Description of Work_____

Use of Improvement: ☐ Single Family ☐ Duplex ☐ Apartment ☐ Commercial ☐ Other_____

1st Floor Heated Sq. Ft._____ 2nd Floor Heated Sq. Ft._____ Porches Sq. Ft._____ Patios Sq. Ft._____

Garage Sq. Ft._____ Attached / Detached (please circle) Unheated Room Over Garage Sq. Ft._____

Exterior Finish: ☐ Brick ☐ Brick Veneer ☐ Vinyl ☐ Wood ☐ Other_____

Number of: Baths_____ Bedrooms_____ Fireplaces_____ Rooms_____ Stories_____ Units_____

Type of Heat/Air: ☐ Forced Air ☐ Heat Pump ☐ Solar ☐ Other_____

Type of Fuel: ☐ Electric - # Amps._____ ☐ Gas - # Outlets_____ Specify Outlet Type_____

Cost of: Mechanical $_____ Land $_____ Construction $_____

Applicant Certification

Permit becomes void if work authorized is not begun and/or completed within six months of the permit issue date. I have examined this application and certify it to be true and correct. I agree the work will be accomplished in accordance with all city, state and federal codes or laws regulating construction or the performance thereof.

_____ _____
Signature of Contractor or Agent Date

_____ _____
Signature of Owner (if owner is the builder) Date

OFFICE USE ONLY

Primary Structure (sq. ft._____)
Cost per sq. ft. $_____ Construction Value: $_____

Secondary Structure (sq. ft._____)
Cost per sq. ft. $_____ Construction Value: $_____

Permit Fees

Primary Structure Permit Fee $_____
Primary Structure Plan Review Fee $_____
Secondary Strucure Permit Fee $_____
Secondary Structure Plan Review Fee $_____
Impact Fee $_____
Electrical Permit Fee $_____
Plumbing Permit Fee $_____
(_____ sq. ft. x $2.30 =_____ Construction Value)
Mechanical Permit Fee $_____
Gas Permit Fee $_____
Pool Permit Fee $_____
Total Fee Due **$**_____

Notes:

Zoning Administrator_____ Date_____

Building Inspector _____ Date_____