BLACK PENL	Mailing Address: PO Box 528 Phone: 843 663-2 COM BUILDING PER	284 Fax: 843 663-060 MERCIAL MIT APPLICATIO IB C ODES)	h, SC 29597 1 N
Date:			
Permit Requested By:			
Relationship to Property Own	er:		
Contractor's Company Name:			License No
Mailing Address:			
City:		State:	Zip:
Phone: ()			
Tax Map# (TMS)		Pin No.	
Legal Owner of Property:			
Address of Project: Type work to be done: New			
Address of Project: Type work to be done: New DESCRIPTION OF WORK	Construction Addition	Renovation	Repair Demolition
Address of Project: Type work to be done: New DESCRIPTION OF WORK Type of Construction	Construction Addition	Renovation	Repair Demolition
Address of Project: Type work to be done: New DESCRIPTION OF WORK Type of Construction No. of Bedrooms	Construction Addition	Renovation	Repair Demolition
Address of Project: Type work to be done: New DESCRIPTION OF WORK Type of Construction No. of Bedrooms SQUARE FOOTAGE: Heater	Construction Addition	Renovation	Repair Demolition No. of Baths
Address of Project: Type work to be done: New DESCRIPTION OF WORK Type of Construction No. of Bedrooms SQUARE FOOTAGE: Heater	Construction Addition	Renovation	Repair Demolition No. of Baths Total:
Address of Project: Type work to be done: New DESCRIPTION OF WORK Type of Construction No. of Bedrooms SQUARE FOOTAGE: Heater Estimated cost of Construction	Construction Addition	_ Renovation	Repair Demolition No. of Baths
Address of Project: Type work to be done: New DESCRIPTION OF WORK Type of Construction No. of Bedrooms SQUARE FOOTAGE: Heater Estimated cost of Construction Estimated Date of Completion I understand that all applica submitted will be reviewed prior to the is required, the review process may be de I also understand that, by o current business license for the Town of licensing or registration. A subcontractor	Construction Addition Addition Exterior Covering Type of Heat/Cooling Type of Heat/Cooling Unheater for (Labor & Materials) \$ unheater for Building Permits, along with all requirer suance of a building permit. This process may layed. roinance, all contractors, subcontractors, archite f Atlantic Beach prior to start of their portion of th or, vendor listing is included in the permit applica		Repair Demolition Demolitio
Address of Project: Type work to be done: New DESCRIPTION OF WORK Type of Construction No. of Bedrooms SQUARE FOOTAGE: Heater Estimated cost of Construction Estimated Date of Completion I understand that all applica submitted will be reviewed prior to the is required, the review process may be de I also understand that, by o current business license for the Town of licensing or registration. A subcontractor the ordinances of the Town of Atlantic B ordinance imposed.	Construction Addition Addition Addition Exterior Covering Type of Heat/Cooling Type of Heat/Cooling Unheater for (Labor & Materials) \$ timestions for Building Permits, along with all required suance of a building permit. This process may layed. rdinance, all contractors, subcontractors, archite f Atlantic Beach prior to start of their portion of th f Atlantic Beach prior to start of their portion of th f Atlantic Beach prior to start of their portion of th for, vendor listing is included in the permit applica leach or laws of the State of South Carolina may	Renovation Renovation Renovation Renovation Mo. of Rooms d: d:	Repair Demolition Demolitio
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