



**City of Aiken**  
**Residential Building Permit Application**  
(803) 642-7675 Fax (803) 642-7672

Permit #

***Incomplete Applications will delay processing of permit.***

**Construction Address** \_\_\_\_\_

**Tax Parcel #** \_\_\_\_\_ **Subdivision** \_\_\_\_\_

**Phase, Section & Lot #** \_\_\_\_\_

**Owner Information:**

**Owner Builder: Yes No**

Property Owner Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip Code

Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

**Contractor Information:**

Company Name: \_\_\_\_\_

License Holder Name: \_\_\_\_\_ **STATE LICENSE #** \_\_\_\_\_

***\*\* Applications WILL NOT be processed without your state license #.***

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

Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ Fax # \_\_\_\_\_

**Circle All That Apply:**

Single Family Detached    Single Family Attached    Accessory Structure    Bonus Room? \_\_\_\_\_

Other: \_\_\_\_\_

**Application Type:** New Addition Remodel Repair Demolition Pool Well Moving

**Description of Construction/ Contractor Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Value of Construction:** \$ \_\_\_\_\_

**Building permit valuation includes the total value of all work including electrical, gas, mechanical, plumbing Equipment and other permanent systems, including materials and labor.**

**\*\*\*Setbacks should be the actual distance of building from property line\*\*\***

Front: \_\_\_\_\_ Back: \_\_\_\_\_ Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

Exterior Type: \_\_\_\_\_ # of Stories \_\_\_\_\_ Bedrooms: \_\_\_\_\_

Baths: \_\_\_\_\_ Total Rooms: \_\_\_\_\_ # of Fireplaces \_\_\_\_\_

Gross Square Footage: \_\_\_\_\_ Conditioned Square Footage: \_\_\_\_\_

If Remodel, Square Footage to be added: \_\_\_\_\_

**Circle One for each of the Following: Fire Sprinkler:** Yes No

**Gas:** Yes No **Electric Company:** Aiken Elec Coop SCE&G

**Subcontractor Information:**

**Electrical Contractor:** \_\_\_\_\_ **State License #** \_\_\_\_\_

**Electrical Contractor Address:** \_\_\_\_\_

**Electrical Contractor Phone #:** \_\_\_\_\_

**Mechanical Contractor:** \_\_\_\_\_ **State License #** \_\_\_\_\_

**Mechanical Contractor Address:** \_\_\_\_\_

**Mechanical Contractor Phone #:** \_\_\_\_\_ **Doing the gas work if any?** \_\_\_\_\_

**Plumbing Contractor:** \_\_\_\_\_ **State License #** \_\_\_\_\_

**Plumbing Contractor Address:** \_\_\_\_\_

**Plumbing Contractor Phone #:** \_\_\_\_\_ **Doing the gas work if any?** \_\_\_\_\_

**Applicant: I hereby acknowledge that I have read this application and state that the above information is correct and agree to comply with all requirements contained herein and City of Aiken ordinances and state laws regulating building construction.**

**Contractor or Authorized Representative**

**Print YOUR Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_