

## LAURENS COUNTY BUILDING AND CODES P.O. BOX 815, LAURENS, SC 29630 PHONE (864) 984-6659 FAX (864) 984-1502

## **COMMERCIAL DEVELOPMENT APPLICATION**

Note: An Agent filing an application for the Owner must fill out and submit an Acting Agent Authorization Form

Project Type:	Commercial Tenant C Modular Other		ccupancy Recreational Vehicle F		ark TelecommunicationsTower				
Project Name:			Proje	ct 911 Addre	SS:				
City:	State:		Zip Code: Tax/F		Tax/Prop	Property ID#:			
Property Owner's	Name:		•	Address:		-			
City:	State	e: Zip Co	ode:	Phone:		Email:			
Agent's Name:	t's Name: Co					Phone:			
Contractor's Name	-	ompany:			Phor	ne:			
Address:	City:			S	State: SC License #:				
Email Address: _									
		Р	ROJECT	DESCRIPTIC	ON			-	
Construction Type	: New	Addition In	terior Ren	o Occupai	ncy Permi	t Change in	Use? Ye	s No	
Description of Pro	ject:								
Occupancy Classification: Construction Type: Total Building Sq. Ft.:									
# Finished Stories: Basements: Yes No # of Buildings Proposed onsite:									
Total Project Cost	:	Cost Less Tra	ades:	# Of I	Proposed	Lots/Pads:			
# Of Existing Lots/	Pads:	# Of Dumpste	ers:	# Bathroom	s: #	Kitchens:			
Roof Type:		Foundation:	Slab	Crawl Spa	ce <b># of B</b>	ath Houses	:		
Exterior: Brick	Vinyl Bl	lock Mason	ry Tin	nber Frame	Pre-Ca	st Other			
		PRC	POSED S		IATION				
The proposed project and/or Environmental								nd Use	
Flood Plain, Flood Total # Acres Onsi				reams Onsite d for Develo		s No			
Road Classification			•		•	State Speed	Limit(s):		
					any c		2(0):		
			UTILIT	IES					
Electrical Service:	New E	xisting <b>Total</b>	Amps:	Source	of Heat:	Gas El	ectric W	ood	
Sewer System:	Public Sep	tic Tank Or	nsite Dum	p Station(s)	Sewe	er Provider:			
Power Company:	Gas Company:				Water Provider:				
I hereby certify and agree the staff of the Planning &	e that I am autho & Development I	rized to make this Department to ins	application	and that the abo mises of the abo	ove informat ove-describe	ion is true and discrete for the second s	correct. I herek Yes No	oy authorize	
I hereby certify that the de all approvals granted by C	evelopment prop County Staff, Col	osed will meet the unty Planning Cor	e requireme nmission, ai	nts of the Laurer nd Laurens Cour	ns County Co nty Council.	ode of Ordinand Yes N	-	odes, and	
Print Name:	Signature:					Date:			
						REV DATE: 3/09/2023			
SCDOT ENCRO	ACHMENT PE	RMIT MUST B					N STATE RO	DADS.	