



Fairfield County Community Development
 Planning, Building, and Zoning Office

250 N. Walnut St | PO Drawer 60 Winnsboro, SC 29180
 Office: 803-712-6596 Fax: 803-635-0114



Office Use Only	Permit Number:		Date Received:	
Project Address:			Fee:	
Zoning:		Parcel ID (TMS):		
Property Owner		Contractor		
Name:		Name:		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Phone:		Phone:		
Cell Phone:		Email:		
Email:		Contractor License #:		
Septic Tank #:		Water/ Sewer Source <input type="checkbox"/> Public <input type="checkbox"/> Private		
Permit Type				
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Remodel				
Characteristics of Work				
<input type="checkbox"/> Single Family	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Electrical	
<input type="checkbox"/> Demo	<input type="checkbox"/> HVAC	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Gas	
<input type="checkbox"/> Re-Roof	<input type="checkbox"/> Moving Permit	<input type="checkbox"/> Foundation Repair	<input type="checkbox"/> Deck / Porch	
<input type="checkbox"/> Pool	<input type="checkbox"/> Other			
Total Square Footage:				
Elevation Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate of Zoning Compliance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No		
Value of Construction (Include all Materials, Labor & Profit)				
Plumbing	\$:	Gas	\$:	
Electrical	\$:	Building	\$:	
Heating/Air	\$:	Total Value of Construction \$:		
Detailed Description of Work				



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Affidavit of Application

- 1. Prior to issuance of a Building Permit, applicant must obtain a Certificate of Zoning Compliance.**
- 2. No work will be started before permit card is posted.**
- 3. No work is to continue if permit card is destroyed, lost or stolen.**
- 4. Contractor and subcontractors will secure a business license with the County/Towns prior to work.**
- 5. This permit is void if job is not started within six (6) months of application date.**
- 6. I will be responsible and pay for any business license of any (sub)/contractor doing work on this project if project is found without a license.**
- 7. This application is hereby made for a permit to perform work as described in this application along with accompanying drawings and plans (where required). This information on this application is complete and accurate and I am authorized to submit this application. I understand that all work must be in accordance to approved plans and in compliance with all County Codes, as well governmental ordinances, codes, laws (Federal, State and Local), and that any misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application without approval of Staff Officials, shall constitute sufficient ground for the revocation of any permit issued which was based on the approval of this application. This permit does not authorize any encroachment upon public or adjacent properties. Fairfield Community Development (Planning Building and Zoning Office) adheres to all requirements as set forth in the Current South Carolina IBC and IRC code regulations.**

PLEASE ADHERE TO ALL DEED RESTRICTIONS AND COVENANTS ATTACHED TO YOUR PROPERTY.

Print Name

Signature of Owner/Authorized Agent

Date