

231 E. Hayne Street PO Box 1389 Woodruff, SC 29388 864-476-8154

## SWIMMING POOL PERMIT APPLICATION



Department of Building Safety 4795 South Church St. Ext. - Suite 2 Roebuck, SC 29376 864-586-6111

PLEASE DIRECT ANY QUESTIONS TO BEKKI PHILLIPS (RPHILLIPS@CITYOFWOODRUFF.COM) OR JENNIE FRANK (JFRANK@CITYOFWOODRUFF.COM) OR CALL 864-476-8154

PROOF OF ID MUST BE SUBMITTED WITH APPLICATION

CONTRACTORS: MUST HAVE A CITY BUSINESS LICENSE PRIOR TO APPLYING FOR PERMIT (\*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

0111	CE USE ONLY:				
APPLICATION SUBMITTAL DATE:	RESIDENTIAL			F.	ACILITATOR'S INITIAL
PERMIT NUMBER(S):					
PERIVITI NUIVIBER(3):	COMMERCIAL	COMMERCIAL			
DESCRIPTION OF WORK:					
LOCATION INFORMATION	:				
IN GROUND POOL	ABOVE GROUND	POOL OTHI	ER (hot tub, et	tc.)	
RESIDENTIAL PROJECT: - Coi	mulata this sastian	PARCEL ID #:			
RESIDENTIAL PROJECT CO.	inpiete this section	FARCEL ID #.			
	inplete this section	PARCEL ID #.	PRC	PERTY OW	NER'S PHONE #:
PROPERTY OWNER'S NAME:	inpiete triis section	CITY:	PRC (		NER'S PHONE #: - ZIP:
PROPERTY OWNER'S NAME: PROPERTY OWNER'S MAILING ADDRESS:	mpiete unis section		PRC (	)	-
PROPERTY OWNER'S NAME: PROPERTY OWNER'S MAILING ADDRESS: INSTALLATION STREET ADDRESS:	inpiete unis section	CITY:	PRC (	STATE:	ZIP:
PROPERTY OWNER'S NAME:  PROPERTY OWNER'S MAILING ADDRESS:  INSTALLATION STREET ADDRESS:  PROPERTY OWNER'S EMAIL ADDRESS:		CITY:	PRC (	STATE:	ZIP:
PROPERTY OWNER'S NAME:  PROPERTY OWNER'S MAILING ADDRESS:  INSTALLATION STREET ADDRESS:  PROPERTY OWNER'S EMAIL ADDRESS:		CITY:	(	STATE:  STATE:	ZIP:
PROPERTY OWNER'S NAME:  PROPERTY OWNER'S MAILING ADDRESS:  INSTALLATION STREET ADDRESS:  PROPERTY OWNER'S EMAIL ADDRESS:  COMMERCIAL PROJECT: - C		CITY:	PRO	STATE:  STATE:  PERTY OW )	ZIP:
PROPERTY OWNER'S NAME:  PROPERTY OWNER'S MAILING ADDRESS:  INSTALLATION STREET ADDRESS:  PROPERTY OWNER'S EMAIL ADDRESS:  COMMERCIAL PROJECT: - C  PROPERTY OWNER'S NAME:  NAME OF BUSINESS/LESSEE:		CITY:  CITY:  PARCEL ID #:  SHOPPING CENTER (	PRO	STATE:  STATE:  PERTY OW ) NAME:	ZIP: ZIP: NER'S PHONE #:
PROPERTY OWNER'S NAME:  PROPERTY OWNER'S MAILING ADDRESS:  INSTALLATION STREET ADDRESS:  PROPERTY OWNER'S EMAIL ADDRESS:  COMMERCIAL PROJECT: - C  PROPERTY OWNER'S NAME:		CITY: CITY: PARCEL ID #:	PRO	STATE:  STATE:  PERTY OW )	ZIP:

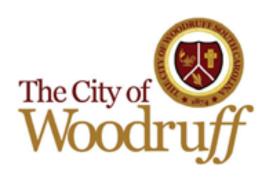
CONTRACTOR/INSTALLER CONTACT INFORMATION: FF3F7>;57@E7/>>Dfi*,					
BUSINESS NAME:		D/B/A:			
BUSINESS MAILING ADDRESS:		CITY:		STATE:	ZIP:
BUSINESS CONTACT'S NAME:			BUSI	 NESS PHONE )	#: -
BUSINESS CONTACT'S EMAIL ADDRESS:			BUSI (	NESS CONTA )	CT'S PHONE #:
LICENSED ELECTRICIAN: - *** M	UST PROVIDE A COPY	OF LICENS	E ***		
NAME OF ELECTRICIAN:			EF3	F7>;57@E	7/>>Dfi°,
ELECTRICIAN'S EMAIL ADDRESS:			ELEC (	TRICIAN'S PH	IONE #:
(*A) CONTRACT AMOUNT: \$_		Do you hav Yes, #:	ve a current business li	cense?	No
CONTRACTORS: YOU MUST PURCHASE A CIT	Y BUSINESS LICENSI	IN ORDE	R TO OBTAIN A P	ERMIT AN	D CONDUCT WORK.
Pool Fence or Barrier Agreement is required to process this permit.  Temporary construction barrier must be installed after excavation.  Permanent fence/barrier must be installed prior to final inspection.  Submit full set of construction documents with application for commercial projects.  To schedule an inspection, please contact CC&I Services, LLC at 864-586-6111 Ext. 3 or email permits@cciservicesllc.com. Inspections must be scheduled by 4:00pm for next business day inspections.					
PERMIT RENEWAL &/or UPDATE FEE \$53.00 per each renewal.  IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM					
PERMIT FEE (residential/ commercial) WILL BE NONREFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUD	THERE WILL BE		L BE ADDED TO ALL CR	·	

THE MININMUM FEE.

SIGNATURE:					
By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans of specifications for the project as permitted.  All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.					
APPLICANT'S NAME (printed):	COMPANY NAME:	TITLE:			
APPLICANT'S EMAIL ADDRESS:		APPLICANT'S PHONE #: ( ) -			
APPLICANT'S SIGNATURE:					

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS





## POOL FENCE OR BARRIER AGREEMENT

As the owner of the property located at		,				
I am aware of, and have received a copy of the requirements for the enclosure of a pool in accordance with Section 3109 of the International Building Code which has been adopted by the City of Woodruff, SC.						
I take full responsibility, as the property owner is installed around the pool or spa during and spa will not be filled with water until either around the pool or spa.	after construction. Also, that the p	pool or				
I further agree and acknowledge that a Final II installation of a permanent barrier is installed a		til the				
(Owner's Printed Name)	(Owner's Phone Number)					
(Owner's Signature)	(Date)					
	SWORN TO before me this	dav				
	of, 20					
		_ (SEAL)				
	Notary Public for South	Carolina				
	My Commission Expires:					

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