

Town of Fairfax 537 Allendale/Fairfax Hwy Fairfax, SC 29827 803-584-3438

RESIDENTIAL ADDITION / ACCESSORY / DECK PERMIT APPLICATION



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

PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2

PROOF OF ID MUST BE SUBMITTED WITH APPLICATION

(*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

	(OFFICE USE	ONLY:						
APPLICATION SUBMITTAL DATE:	В	F	FL	00D_		_ Z			
PERMIT(S) NUMBERS:								FACILITAT	OR'S INITIALS
ZONING APPROVED? YES NO	_								
PROPERTY LOCATION/ADDRES	SS: - Complete	this secti	on Pa	arcel ID	#:				
ZONING DISTRICT:	PROPERTY ACRES:		SUBDIVISIO	N NAME:					
STREET ADDRESS:		CITY:	ļ				STATE:	ZIP:	
PROPERTY OWNER'S NAME:							NEW OV	VNER: YES	NO
PROPERTY OWNER'S MAILING ADDRESS:		CITY:					STATE:	ZIP:	
PROPERTY OWNER'S EMAIL ADDRESS:					PROPERT	Y OWNE	I R'S PHONE	# WITH ARE	A CODE:
PROPERTY AND USE:	NOTE: IF THE PROPERTY OWNER IS PERFORMING THE WORK OR IS TAK RESPONSIBILITY FOR THE PROPOSED WORK, THE OWNER MUST COMPI THE "Residential Disclosure Certification Form"					_			
Is the property owner performing this work?		Proper	ty Descriptio	n:					
Yes (if yes, skip contractor section below)	NO	Owner	Occupied		Renta	l/Lease		Sale	
CONTRACTOR CONTACT INFO	RMATION:			STATE L	ICENSE (LLR) #:			
BUSINESS NAME:			D,	′B/A:					
BUSINESS MAILING ADDRESS:		CITY:					STATE:	ZIP:	
CONTACT'S NAME:	BUSINESS PHO	ONE # WITH /	AREA CODE:		CONTAC	Γ'S ΜΟΒΙ	LE PHONE	# WITH ARE	CODE:
CONTACT'S EMAIL ADDRESS:									

DESCRIPTION OF WORK:					
ACCESSORY STRUCTURE:	Square Fo	ootage of Home:			
Are there any Existing Accessory Structures on	the Parc	els (shed, pools an	d other structures no	attached to the h	nouse)?:
Vos No (If vos illustrato the le	estion a	nd size of the struc	turo on cito plan) Siza	· ·	Squara Egot:
Yes No (If yes, illustrate the lo	Cation at	na size of the struc	ture on site planty size	: .	Square Foot:
Will the Proposed Structure replace any Existin	g Structu	ures? Yes	No (If ye	es, illustrate on th	e Site Plan)
Size(s) of Accessory Structures (Decks, Porches,	, Sheds, (Carports):	(total squ	are feet)(Illustrate	the location and size of
the structure on the site plan)					
,	N	NOTE: Building Plans a	re Required for construct	ion of Decks, Carport	s and Porches: two (2)
BUILDING / ZONING PERMIT		copies of scaled	Construction Plans include	ling Survey or Site Pla	an (to include dimensions
PROJECT INFORMATION:					
Addition Remodel Rep.	air	Other			
STRUCTURE TYPE:					
Single Family Duplex Carport/Porch	1	Garage Deck	Accessory Stru	cture Othe	r
		Demolition:		Heating Source:	
Existing Square Feet of Home:		None		Electrica	al
Proposed Additional Square Feet:		Structu	ral		-
Total Combined Square Footage:		Non-Str	uctural	Gas	
		DHEC APPROVAL	REQUIRED:	Utility Company:	
		Yes No			
(*A) CONTRACT AMOUNT:	\$		Do you have a current bu Yes, #:	siness license?	No
CONTRACTORS: YOU MUST PURCHASE	E A CITY	BUSINESS LICENS	SE IN ORDER TO OB	TAIN A PERMIT A	AND CONDUCT WORK.
		Town of Fa	airfax		

Town of Fairfax
BUILDING CODES FEE SCHEDULE - EFFECTIVE December 4, 2020
FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE

IMPORTANT NOTES

• For individuals wishing to build and/or improve their own home without the use of a licensed residential builder or specialty contractor, a Residential Disclosure Certification Form is required. This form is available on our website.

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. INCLUDING THE MININMUM FEE.

A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.

THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.

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 or specifications for the project as permitted.

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 # WITH AREA CODE:
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



** ALL DECK CONSTRUCTION SUBMITTALS REQUIRE A PLAN REVIEW AND ISSUANCE OF A BUILDING PERMIT

BUILDING PERMIT SUBMITTAL REQUIREMENTS: Complete the Residential Addition/Accessory application, supply a copy of a building sketch plan illustrating checklist requirements listed below OR completion of the Building Plan Review handout attached.

ZONING PERMIT SUBMITTAL REQUIREMENTS: Supply a copy of a site plan that is drawn to scale and shows property lines, lot dimensions and area; the location and dimensions of proposed and existing structures and driveway should be included as well as setbacks from all property lines.

The building sketch plan must illustrate the following information:

	APPLICANT	FACILITOR
REQUIREMENT:	TO INITIAL	TO VERIFY
Provide deck footing depth below grade and size of footing (width and thickness).		
Provide type of decay resistant lumber (pressure treated wood, cedar, etc.).		
Provide deck ledger board attachment to house - bolt & nail size, type and spacing.		
NOTE: Ledgers cannot be attached to/through masonry wall covering.		
Provide deck ledger board flashing material or indicate treated house band.		
Provide deck joist size and column support and spacing.		
Provide deck girder/beam size and methods of connections to girder.		
Provide deck post size and method of connection to girder and footing.		
Provide height of deck above finished grade. Indicated type of material bracing method for deck.		
Provide deck handrail and guardrail height and picket spacing.		
Provide deck/porch stairway rise and run, number and size stringers, handrail dimensions and stringer		
attachment method.		

** PLEASE NOTE:

DECK BOARD SHALL NOT BE INSTALLED UNTIL THE STRUCTURAL FRAMING INSPECTION HAS BEEN COMPLETED AND APROVED

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CC&I Services, LLC Department of Building Safety 4795 S. Church St. Ext. – Suite 2 Roebuck, SC 29376 864-586-6111 The purpose of this handout is to provide homeowners and contractors with a plan sheet that can be completed and used when submitting a deck permit application.

In order for this plan sheet to be accepted for review, all fill in the blank items below must be completed

