**ROOFING PERMIT APPLICATION**

<table>
<thead>
<tr>
<th>Permit No.</th>
<th>Receipt No.</th>
<th>Permit Fee</th>
<th>Date Permit Issued</th>
<th>Issued By</th>
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**LOCATION OF IMPROVEMENT**

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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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**TAX MAP**

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<th>Block</th>
<th>Lot</th>
<th>Name</th>
<th>Section</th>
<th>Block</th>
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**SUBDIVISION**

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<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>ZIP CODE</th>
<th>TELEPHONE</th>
<th>License No.</th>
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**OWNER**

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<th>APPLICANT /CONTRACTOR</th>
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**CHARACTERISTICS OF WORK**

**NATURE OF WORK**

- □ 1. Addition/ Expansion/Extension
- □ 2. Alteration
- □ 3. Repair/Replacement

**TOTAL COST OF JOB:** $___________

**DESCRIPTION OF PROJECT**

- Proposed Use: _______________
- ___________________________
- ___________________________
- Total Square Footage: __________

**SETBACKS AND ZONING APPROVAL**

**CURRENT ZONING:** _______________

- Front Yard _______ required ________ provided
- Side Yard _______ required (total) ________ provided
- with no side less than ________
- Secondary _______ required ________ provided
- Rear Yard _______ required ________ provided

- Any previous requests for variance/special exception? □ Yes □ No If "yes", Case No. _______________

- Reviewed by: _____________________

**FLOOD PLAIN DATA**

- Elevation of 100 year Flood _______________
- First Floor Elevation Above Mean Sea Level ________ Feet
- Panel ________________ Community panel
- Date _______________
- Zone ________________ SFHA

- Verified by: _____________________

**FOR OFFICE USE ONLY**

- Permit Approved: □ Yes □ No Department Comments: ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________

This permit is required under the authority of Section 26-53 of the Richland County Land Development Code for Richland County, South Carolina. Upon the issuance of a land development permit, the applicant shall have six (6) months from the date of issuance of this permit to begin work. Failure to begin work within this time shall render the permit void.

**Signature of Applicant**

**Email Address**

**Date**

PLEASE PRINT CLEARLY