



PERMIT APPLICATION
Williamsburg County Code Enforcement
201 W. Main St.
Kingstree, SC 29556

(843) 355-9321 Fax (843) 355-1587

Permit # _____ Date _____

Application Type: NewConstruction ___ Addition ___ Repair/Remodel ___ Demolition ___ Other ___

Project Description _____

OWNER

Owners Name _____	Phone () _____
Mailing Address _____	
City _____	State _____ Zip Code _____

AUTHORIZED/LEGAL REPRESENTATIVE (if applicable)

Name _____	Phone () _____
Mailing Address _____	
City _____	State _____ Zip Code _____

LOCATION

Site Address _____	Tax Map # _____
City _____	State _____ Zip Code _____
Directions To Site Location _____	

Name of Property Owner _____	

CONTRACTOR

Contractor: Name _____	Phone () _____
Company Name _____	License # _____
Address _____	
City _____	State _____ Zip Code _____

I hereby certify that the above information is correct and understand that if any of the information above is found to be incorrect that permits may be revoked. Owner Contractor Agent

Signed _____ Date _____