



CITY OF WOODRUFF

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Woodruff, SC 29388
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COMMERCIAL BUILDING PERMIT APPLICATION

Date: ___/___/___ Permit # _____

SITE DATA:

Project : _____

Project Address: _____

Owner: _____

Owners Address: _____

Owners Contact #: _____

Utilities: _____

Distance to Fire Hydrant: _____ Sq. Footage: _____

Building Type: _____ Use: _____

Other: _____ Zoning: _____

Description of Project:

Total Cost of Project: _____



Please allow office staff to fill out lower portion:

Building Permit fee: _____ Plan Review Fee : _____ Other: _____

Approved for Zoning: []Y []N Sewer approval: []Y []N by, _____

Utility approval: _____ Fire Service approval _____

Architech: _____

Engineer: _____

Other: _____

Approved: _____ by; _____



General Contractor: _____

Address: _____

Contact person: _____

Phone: _____

License Info: _____

Business License: _____

Project Cost: _____

Electrical Contractor: _____

Address: _____

Contact person: _____

Phone: _____

License Info: _____

Business License: _____

Project Cost: _____

Plumbing Contractor: _____

Address: _____

Contact person: _____

Phone: _____

License Info: _____

Business License: _____

Project Cost: _____

Mechanical Contractor: _____

Address: _____

Contact person: _____

Phone: _____

License Info: _____

Business License: _____

Project Cost: _____