



## BUILDING PERMIT APPLICATION REQUEST

PO BOX 1014  
NEWBERRY SC 29108

PHONE # 803-321-2662  
FAX # 803-321-1157

DATE: \_\_\_\_\_

Contractors Name and Address: \_\_\_\_\_

\_\_\_\_\_

License No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Description of work to be done:

\_\_\_\_\_

\_\_\_\_\_

Applicants Signature