



## TOWN OF YEMASSEE BUILDING PERMIT APPLICATION COMMERCIAL MASTER APPLICATION

Town of Yemassee  
Attn: Administration Department  
101 Town Circle  
Yemassee, SC 29945-3363  
(843)589-2565 Ext. 3  
[www.townofyemassee.org](http://www.townofyemassee.org)

The following information shall be included as part of a Building Permit application submitted for review. This checklist is intended to assist in the provision of the minimum documentation necessary to demonstrate compliance with the applicable Building Code regulations. Depending on the proposal, the amount and type of documentation will vary.

<b>New Commercial, Additions/Remodels</b>
1. Building Permit Master Application
2. License Requirement
3. Refuse Disposal Plan
4. Stormwater Erosion Control Affidavit
5. Design Professional Form
6. Mechanical Certifications (if electrical, mechanical, and plumbing work is involved. Due at time of application)
7. Four (4) sets signed and sealed by a South Carolina Architect or Engineer
8. Four (4) sets of the Site Plan or Survey.
9. Special Inspector Registration (if applicable)
10. Payment to the Town of Yemassee, per the Schedule of Rates & Fees
11. Receipt showing payment of Parks & Rec, Roads, Library, Fire & EMS Impact Fees (If property is within Beaufort Co)
<b>Minor Electrical, Mechanical, Plumbing &amp; Gas</b>
1. Building Permit Master Application
2. Refuse Disposal Form
3. Four (4) sets signed and sealed by a South Carolina Professional (depends on scope of work).
4. ASHREA (if adding conditioned space or changing HVAC system).
<b>Docks/Pierheads, Irrigation, Swimming Pool, Spa &amp; Water Features</b>
1. Building Permit Master Application
2. License Requirement
3. Refuse Disposal Form
4. Electrical Mechanical Certificate
5. Four (4) sets of the survey or site plan (only for swimming pool, spa, and water feature).
6. Four (4) sets (only for swimming pool, spa and water feature).
<b>Additional Documentation Requirements for Inspections</b>
1. Foundation survey & compaction slip are required for new structures & additions <b>prior to pouring the foundation.</b>
2. Flood elevation certificate (under construction) <b>prior to foundation inspection.</b> Final Flood Elevation Certificate <b>prior to CO inspection</b> (if construction is located in Flood Zone).
3. Mechanical Certifications (if electrical, mechanical, or plumbing work is involved.) <b>Due prior to subcontractors beginning work at site.</b>
4. Signed & sealed truss drawings, floor TJI's-detail layout, & termite certificate – <b>prior to rough in's &amp; frame inspection.</b>
5. Insulation certificate – <b>prior to insulation inspection.</b>
6. Sewer tap approval inspection or letter from LRWS, State Elevator Inspection (if applicable), DHEC Approval (if applicable), and Final Special Inspector Reports (if applicable) - <b>prior to building final inspection.</b>



**TOWN OF YEMASSEE**  
**BUILDING PERMIT APPLICATION**  
**COMMERCIAL MASTER APPLICATION**

Yemassee Municipal Complex  
101 Town Circle  
Yemassee, SC 29945

(843)589-2565  
www.townofyemassee.org

<i>Office Use Only</i>		<i>Permit Number:</i>		<i>Date Received:</i>	
<i>Project Address:</i>					<i>Lot #:</i>
<i>Subdivision:</i>		<i>Parcel ID:</i>			
<b>Property Owner</b>			<b>Job Site Contact</b>		
<i>Name:</i>			<i>Name:</i>		
<i>Address:</i>			<i>Address:</i>		
<i>City/State/Zip:</i>			<i>City/State/Zip:</i>		
<i>Phone:</i>			<i>Office Phone:</i>		
<i>Cell Phone:</i>			<i>Cell Phone:</i>		
<i>Email Address:</i>			<i>Email Address:</i>		
<b>Contractor</b>			<b>Design Professional</b>		
<i>Name:</i>			<i>Name:</i>		
<i>Address:</i>			<i>Address:</i>		
<i>City/State/Zip:</i>			<i>City/State/Zip:</i>		
<i>Phone:</i>			<i>Phone:</i>		
<i>Contractor License/Registration #:</i>			<i>State License #:</i>		
<i>Yemassee Business License #:</i>			<i>Email Address:</i>		
<b>Permit Type</b>					
<input type="checkbox"/> <i>New</i> <input type="checkbox"/> <i>Addition</i> <input type="checkbox"/> <i>Remodel</i>					
<b>Permit Workclass</b>					
<input type="checkbox"/> <i>Structure</i>	<input type="checkbox"/> <i>Shell</i>	<input type="checkbox"/> <i>Tenant Upfit</i>	<input type="checkbox"/> <i>Accessory</i>		
<input type="checkbox"/> <i>Electrical</i>	<input type="checkbox"/> <i>HVAC</i>	<input type="checkbox"/> <i>Gas</i>	<input type="checkbox"/> <i>Plumbing</i>		
<input type="checkbox"/> <i>Irrigation</i>	<input type="checkbox"/> <i>Pool/spa</i>	<input type="checkbox"/> <i>Moving Permit</i>	<input type="checkbox"/> <i>Tent</i>		
<input type="checkbox"/> <i>Demo</i>	<input type="checkbox"/> <i>Construction Trailer</i>	<input type="checkbox"/> <i>Re-Roof</i>	<input type="checkbox"/> <i>Dock/Pierheads</i>		
<input type="checkbox"/> <i>Retaining Wall</i>	<input type="checkbox"/> <i>Water feature</i>	<input type="checkbox"/> <i>Fire Sprinkler System</i>	<input type="checkbox"/> <i>Fire Alarm System</i>		
<i>Num of Units:</i>		<i>Total Square Footage:</i>			
<i>Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB</i>					
<b>Value of Construction (include materials, labor, profit)</b>					
<i>Plumbing:</i>		<i>\$</i>	<i>Gas:</i>		<i>\$</i>
<i>Electrical:</i>		<i>\$</i>	<i>Building:</i>		<i>\$</i>
<i>Heating/Air:</i>		<i>\$</i>	<b>Total Value of Construction:</b>		<b>\$</b>



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**Detailed Description of Work**

Change of Use: Y or N; If Yes, indicate existing use: Proposed Use:

**Construction Details**

Total Parcel Area Sq. Ft.		Total Pervious Sq. Ft.		Total Impervious Sq. Ft.	
Heated Sq.Ft. (new or added)		Type of Roofing Materials			
Unheated Sq.Ft. (new or added)		Size of LP Tank			
Number of Stories		Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Bathrooms		Septic Tank Number			
Number of Fireplaces		Type of Sewage Disposal	<input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic		
Type of Exterior Materials		Fire Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Elevators		Fire Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Heating/Air	<input type="checkbox"/> Elec <input type="checkbox"/> Gas				

Application is hereby made for a permit to perform work as described in this application along with accompanying drawings if required. The information on this application is complete and accurate and I am authorized to submit this application. I understand that all work must be according to approved plan and in compliance with all Town of Yemassee adopted codes and other regulations as applicable. Individuals and entities involved in the construction, repair, or renovation of structures are required to comply with licensing requirements of the State of South Carolina and the Town of Yemassee.

Print name

Signature of owner/authorized agent

Date

Everyone doing business in the Town of Yemassee is required to have an active town business license.



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***License Requirements***

***Please read carefully. This form is required at time of application.***

***Permit Number:***

- *Individuals and entities involved in the construction, repair, or renovation of structures including mechanical construction are required to comply with licensing requirements of the State of South Carolina and the Town of Yemassee.*
- *Persons engaging in Business in the Town of Yemassee are required to have current Town Business Licenses.*
- *The contractor is aware that the sub-contractors, also known as independent contractors, which are hired by the contractor to perform services, are not employees. Sub-contractors are required to maintain a valid Town business license and state/local licenses or registrations as applicable when conducting business inside the town limits of Yemassee. This requirement also applies to individuals such as craftsmen or artisans not regularly employed by the contractor, but who are performing work on the job. Code enforcement inspectors will require proof of a current Town of Yemassee business license or proof of employment if an employee.*
- *No deductions shall be made on the permit application by a general or independent contractor for value of work performed by a subcontractor.*
- ***In no case*** *will a permanent service or final inspection (if there is not a permanent service inspection) be processed until all required documentation is submitted to the office.*

*I, the undersigned have read and understand the above. I am the contractor in charge or authorized agent for the contractor in charge, or Owner.*

***Print:*** \_\_\_\_\_

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



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***Refuse Disposal Plan***

*You are required to dispose of all construction waste in accordance with related local, state, and federal regulations.*

***Permit Number:***

***Site Debris:***

- 1. It shall be the responsibility of the permit holder to clean up and remove all construction debris as well as other related material or organic materials prior to receiving a final inspection approval.*
- 2. Waste shall be contained in such a manner as to prevent contamination of any adjacent property by any means.*

***Hurricane Protection:***

- 1. No permit holder shall allow construction related materials to remain loose or unsecured at a site from 24 hours after a hurricane watch has been issued until the hurricane watch/warning has been lifted. Materials shall be removed from the site or secured in such a manner as to minimize the danger of such materials causing damage to persons or property from weather emergencies.*
- 2. Failure to comply with this section will subject the permit holder to fines in accordance with the Yemassee Town Code*

*Owner Name:*

*Contractor:*

*Location:*

*Solid Waste Containment Method:*

*Waste Pick-Up and Disposal Schedule:*

*Disposal Location (Site):*

*Name of Party or Company Responsible for Removal:*

***Signature of Responsible Person*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_



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**SPECIAL INSPECTOR REGISTRATION FORM**  
**Due before First Inspection**

*Office Use Only*

Permit Number:

Date Received:

Project Address:

Lot #:

Subdivision:

Parcel ID:

**Special Inspector**

\_\_\_\_ Individual    \_\_\_\_ Agency    \_\_\_\_ Firm    \_\_\_\_ Approved Fabrication

Name:

Address:

City/State/Zip:

Phone:

Cell Phone:

Email Address:

**Type of Inspections**

Check all types that apply and explain.

Supply additional detailed information as required on attached documents.

\_\_\_\_ Steel Construction \_\_\_\_\_  
\_\_\_\_ Concrete Construction \_\_\_\_\_  
\_\_\_\_ Masonry Construction \_\_\_\_\_  
\_\_\_\_ Wood Construction \_\_\_\_\_  
\_\_\_\_ Soils \_\_\_\_\_  
\_\_\_\_ Pile Foundations \_\_\_\_\_  
\_\_\_\_ Pier Foundations \_\_\_\_\_  
\_\_\_\_ Wall Panels and Veneers \_\_\_\_\_  
\_\_\_\_ Spray Fire Resistant Materials \_\_\_\_\_  
\_\_\_\_ Exterior insulation and Finishing Systems (EFIS) \_\_\_\_\_  
\_\_\_\_ Special Cases \_\_\_\_\_  
\_\_\_\_ Smoke Control \_\_\_\_\_

**Quality Assurance Plans**

Check all types that apply and explain.

Supply additional detailed information as required on attached documents.

\_\_\_\_ Seismic Resistance \_\_\_\_\_  
\_\_\_\_ Wind Requirements \_\_\_\_\_  
\_\_\_\_ Structural Observations \_\_\_\_\_

Sufficient documentation shall be attached to each form to demonstrate to the Building Official that the education, training and work experience of the Special Inspector, Agency, Firm or Fabricator qualifies them to perform the Special Inspections as indicated.



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As the Architect/ Engineer of Record I make application to permit the Special Inspectors listed on this Registration Form to perform Special Inspections as indicated. The information on this form and the attached documents is complete and accurate. I understand that all Specials Inspections must be conducted according to the approved construction documents and in compliance with the Town of Yemassee's adopted codes.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date Signed**



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***SUBCONTRACTOR ROSTER***

***Instructions:*** Fill out the information in each column. All license numbers must be correct. This form is required before the inspection for permanent service. Current Business Licenses are required.

*Permit Number:*

*Job Location:*

*Owner Name:*

*Date:*

*Contractor Name:*

*Business License #:*

*Parcel ID:*

<b><i>Trade</i></b>	<b><i>Contractor Company Name</i></b>	<b><i>License Holder Name</i></b>	<b><i>Yemassee Business</i></b>	<b><i>Contractor License/Registration</i></b>
<i>Electrician</i>			LIC	
<i>Plumber</i>			LIC	
<i>HVAC</i>			LIC	
<i>Roofer</i>			LIC	
<i>Foundation</i>			LIC	
<i>Masonry</i>			LIC	
<i>Steel</i>			LIC	
<i>Vinyl/Aluminum Siding</i>			LIC	
<i>Stucco</i>			LIC	
<i>Insulation</i>			LIC	
<i>Sheet Rock/Dry Wall</i>			LIC	
<i>Carpentry/Framing</i>			LIC	
<i>Carpentry/Interior Trim</i>			LIC	
<i>Cabinets</i>			LIC	
<i>Painting</i>			LIC	
<i>Iron Railings</i>			LIC	
<i>Wallpaper</i>			LIC	
<i>Tile Work</i>			LIC	
<i>Equipment</i>			LIC	
<i>Elevator</i>			LIC	
<i>Factory Fireplace</i>			LIC	N/A
<i>Glass</i>			LIC	N/A
<i>Building Sprinkler</i>			LIC	
<i>Alarm System</i>			LIC	
<i>Gas</i>			LIC	





**TOWN OF YEMASSEE  
BUILDING PERMIT APPLICATION  
MECHANICAL CERTIFICATE**

Town of Yemassee  
Attn: Administration Department  
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(843)589-2565 Ext. 3  
www.townofyemassee.org

**Mechanical Certification of Work to be Performed**

**PERMIT NUMBER:**

**NOTE:**

1. The Mechanical Certificate is required BEFORE work begins in Plumbing, Electrical, or HVAC.
2. All information on the form is required. Only completed forms will be accepted.
3. Owners doing work in any of the trades are required to have the certificate approved by the Building Inspector.

State License #:

License Group (Commercial):

Yemassee Business License #:

Work Site:

Street Number:

Street Name:

Owner:

Contractor:

Owner  
Address:

Contractor  
Address:

Owner Phone #:

Contractor Phone #:

**Description of Work to be Performed by Mechanical Contractor**

☐

Electrical

Electric Service Size:

☐

Plumbing

☐

Heating and Air

Heat Pump Size:

I, am the owner or authorized agent of

**Print Company Name**

*The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with other applicable codes. I certify that the above listed Contractor possesses and maintains a valid Town of Yemassee Business License.*

**Name (Print)**

**Notary Public (Print)**

**Signature**

**Signature**

**Date:**

**Date:**

**State:**

**Commission Expires:**



**TOWN OF YEMASSEE  
STORMWATER CONTROL AFFADAVIT**

Town of Yemassee  
Attn: Administration Department  
101 Town Circle  
Yemassee, SC 29945-3363  
(843)589-2565 Ext. 3  
[www.townofyemassee.org](http://www.townofyemassee.org)

<b>This Affidavit must be submitted at the time of the building permit application or Certificate of Appropriateness</b>			
<i>Office Use Only</i>	Permit Number:		Date Received:
Project Address:			Lot #:
Subdivision:		Parcel ID:	
Property Owner		Contractor	
Name:		Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Phone:		Office Phone:	
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	
<p><b>My signature hereto signifies I am the owner/financially responsible party for job site compliance with the Stormwater Requirements as outlined in the Town of Yemassee Code and the Town of Yemassee Design Standards Ordinance. I hereby acknowledge that Best Management Practices must be used to ensure control of soil erosion on my job site to include, but not be limited to, the following:</b></p> <ol style="list-style-type: none"><li>1. Installation and regular maintenance of silt fencing using the preferred method of trenching installation on all low/down slope sides of the job site. Silt fence is to have an upslope return at each end no less than 5 feet; and</li><li>2. Installation and regular maintenance of a stone construction entrance. Stone construction entrance shall consist of a 2 inch to 3 inch coarse aggregate stone. Construction entrance shall be a minimum of 6 inches in thickness, 10 foot wide and extend to the structure or a minimum of 15 feet in length; and</li><li>3. Removal of mud and sediment from the street or adjacent property(ies) immediately following such an occurrence; and</li><li>4. Conduct no land disturbing activity within 35 feet of the banks of streams, lakes, wetlands or other water course or water body; and</li><li>5. Provide temporary vegetation and/or mulch on any exposed areas to provide an effective barrier from erosion within 14 days of inactivity; and</li><li>6. Install any other measures as deemed necessary by Town Staff, S.C. DHEC Personnel or S.C. DNR.</li><li>7. All construction site activities must adhere to the South Carolina Department of Health and Environmental Control (SCDHEC) General Permit SC0010000 for Large and Small Site Construction Activities.</li></ol>			



## **TOWN OF YEMASSEE STORMWATER CONTROL AFFADAVIT**

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I understand that if the disturbed area for any reason becomes greater than 43,560 square feet, or 21,780 square feet within ½ mile of the Critical Zone as defined by SCDHEC, a formal Stormwater Management Plan (SWPPP) with an Erosion Control Plan will be required to be submitted with proper fees for review, approval, and permitting. I further acknowledge the Town's Building Inspector may refuse to conduct building inspections and the Administration Department may issue Notices of Violation, Stop Work Orders, and/or Civil Penalties for failure to comply with Sediment & Erosion Control Requirements.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date Signed**



**TOWN OF YEMASSEE  
BUILDING PERMIT APPLICATION  
MECHANICAL CERTIFICATE**

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**Mechanical Certification of Work to be Performed**

**PERMIT NUMBER:**

**NOTE:**

1. The Mechanical Certificate is required BEFORE work begins in Plumbing, Electrical, or HVAC.
2. All information on the form is required. Only completed forms will be accepted.
3. Owners doing work in any of the trades are required to have the certificate approved by the Building Inspector.

State License #:

License Group (Commercial):

Yemassee Business License #:

Work Site: Street Number:

Street Name:

Owner:

Contractor:

Owner  
Address:

Contractor  
Address:

Owner Phone #:

Contractor Phone #:

**Description of Work to be Performed by Mechanical Contractor**

☐

Electrical

Electric Service Size:

☐

Plumbing

☐

Heating and Air

Heat Pump Size:

I, am the owner of authorized agent of

**Print Company Name**

*The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with other applicable codes. I certify that the above listed Contractor possesses and maintains a valid Town of Yemassee Business License.*

**Name (Print)**

**Notary Public (Print)**

**Signature**

**Signature**

**Date:**

**Date:**

**State:**

**Commission Expires:**



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**PERMIT NUMBER:**

**NOTE:**

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2. All information on the form is required. Only completed forms will be accepted.
3. Owners doing work in any of the trades are required to have the certificate approved by the Building Inspector.

State License #:

License Group (Commercial):

Yemassee Business License #:

Work Site: Street Number:

Street Name:

Owner:

Contractor:

Owner  
Address:

Contractor  
Address:

Owner Phone #:

Contractor Phone #:

**Description of Work to be Performed by Mechanical Contractor**

☐

Electrical

Electric Service Size:

☐

Plumbing

☐

Heating and Air

Heat Pump Size:

I, am the owner or authorized agent of

**Print Company Name**

*The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with other applicable codes. I certify that the above listed Contractor possesses and maintains a valid Town of Yemassee Business License.*

**Name (Print)**

**Notary Public (Print)**

**Signature**

**Signature**

**Date:**

**Date:**

**State:**

**Commission Expires:**



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***Design Professional Certification Form  
Required at Permit Submittal with Plans***

*Permit Number:*

*Contractor Name:*

*Owner Name:*

*Address:*

*Address:*

*Phone:*

*Phone:*

*Location of Work:*

***Project Description***

***Certification***

*The undersigned certifies that he/she is the Design Professional for the above project and is solely responsible for its structural design. This design is only applicable for the above structure and shall not be reused in part, or whole, for any other project without written approval. Also, any structural changes or additions to the above project during construction shall not be approved without the endorsement of the Design Professional.*

***Print name***

***Signature of Design Professional***

***Date***

***(Seal)***



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<b>Flashing Affidavit Only Due Before Rough In</b>		
Permit Number:		
Contractor Name:	Owner Name:	
Address:	Address:	
Phone:	Phone:	
Location of Work:		
<b>Flashing Regulations</b>		
<ul style="list-style-type: none"><li>○ All flashing materials have been installed per the manufacturer installation instructions or Registered Design Professional specifications</li><li>○ Contractor has inspected and is liable for the installation of the flashing</li></ul>		
<b>Certification</b>		
<p>The Contractor hereby certifies the above referenced Residential Flashing Affidavit is in accordance with the specification established by the International Residential Code, International Building Code, Professional Designer's specifications, and the manufacturer installation instructions.</p>		
_____	_____	_____
<b>Print name</b>	<b>Signature of Contractor/authorized agent</b>	<b>Date</b>



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***Roof Fastener and Shingles Certificate***  
***Before Permanent Service Inspection***

*Permit Number:*

*Contractor Name:*

*Owner Name:*

*Address:*

*Address:*

*Phone:*

*Phone:*

*Location of Work:*

***Roof Fastener and Shingles Regulations***

- *Roof fasteners have been installed per the Professional Designer's requirements on the plan.*
- *The roof has been installed per the manufacturers installation instructions.*

***Certification***

*The Contractor hereby certifies the above referenced Roof Fastener and Shingles Certification is in accordance with the specification established by the International Residential Code, International Building Code, Professional Designer's specifications, and the manufacturer installation instructions.*

***Print name***

***Signature of Contractor/authorized agent***

***Date***





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**BUILDING PERMIT APPLICATION**  
**COMMERCIAL MASTER APPLICATION**

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**Insulation Certification**  
**Before Insulation Inspection**

**Permit Number:**

Location of Job Site:

Contractor Name:

Address:

Phone:

**Insulation Information**

**Insulation Values and Types**

Wall Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam  
Ceiling Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam  
Floor Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam  
Floor over Garage Value R- \_\_\_\_\_ ☐ Batt ☐ Blown ☐ Open Cell Foam ☐ Closed Cell Foam

Manufacture: \_\_\_\_\_

Product: \_\_\_\_\_

**Barrier Type Used**

- ☐ Thermal Barrier (Storage)  
☐ Ignition Barrier (Equipment Only)

Manufacture: \_\_\_\_\_

Product: \_\_\_\_\_

**Certification**

The Contractor hereby certifies the above referenced Insulation Certification is in accordance with the specification established by the International Residential Code, Professional Designer's specifications, and the manufacturer installation instructions.

\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Signature of Contractor/authorized agent**

\_\_\_\_\_  
**Date**

# Lowcountry Regional Water System

513 Elm St West  
Hampton, SC 29924

Phone: 803-943-1006  
Fax: 803-943-1014

## WATER AND SEWER AVAILABILITY

Complete both sides of this form if you would like to obtain information on the availability of water and/or sewer service to a location that is currently not served by LRWS, or for changes to the type of service at an existing location.

I am requesting information on the availability of:

(check all that apply) **Water Availability** ☐ **Sewer Availability** ☐

### Please Note:

LRWS makes no representation as to the capacity and pressure to the water demands for the above properties. If large demands or fire flows are anticipated, the developer may contact the engineering department to request a flow test.

LRWS makes no representations as to the capacity or available depth to tie into the sanitary sewer system for the above properties. The developer's site engineer or contractor must perform their own investigation as to the depth, size and material of the existing sanitary main within the street. Sanitary sewer services must be designed in accordance with LRWS Sewer Use Ordinance and SCDHEC Standards for Wastewater Facility Construction (R61.67). Based upon the proposed building and the location and depth of the available sewer, a grinder pump system may be required.

LRWS will provide a written response within 7 working days of receipt of the completed request form.

This is not an application for service. Application for water and/or sewer service may be made at the LRWS Office at 513 Elm St. West, Hampton, SC 29924. Application fees must be paid at the time of application for water and/or sewer service.

<b>Service Location:</b> _____	
<b>Street Address</b>	
_____	
<b>Town</b>	<b>TMS/Parcel Number</b>
<b>Will the property be subdivided?</b> ____ Yes ____ No	
<b>Owner/Applicant:</b> _____	
<b>Last</b>	<b>First</b>
_____	
<b>Development/Business Name (if applicable):</b> _____	
_____	
<b>Mailing Address:</b> _____	
<b>Street Address</b>	
_____	
<b>City, State, Zip</b>	
_____	
<b>Email:</b> _____	<b>Phone:</b> _____
<i>Continued on other side</i>	

<b>Type of Development (select all that apply and provide information required):</b>	
<input type="checkbox"/> Single Family Residence – number of persons in home _____	
<input type="checkbox"/> Multi-Family Residence – number of units _____	
<input type="checkbox"/> Restaurant / Bar – number of seats _____	
<input type="checkbox"/> Car Wash – number of bays _____	
<input type="checkbox"/> Laundromat – number of washers _____	
<input type="checkbox"/> Church – number of seats _____	
<input type="checkbox"/> Beauty/Barber Shop – number of chairs _____	
<input type="checkbox"/> Medical Office / Clinic – number of employees _____	
<input type="checkbox"/> Office / Store / Administration Building – number of employees _____	
<input type="checkbox"/> Motel – number of units _____	
<input type="checkbox"/> Nursing home / Institution – number of beds _____	
<input type="checkbox"/> School / day care – number of students/staff _____	
<input type="checkbox"/> Service Station – number of employees _____	
<input type="checkbox"/> Factory / Industry – number of employees _____	Type of Industry: _____
<input type="checkbox"/> Other – describe _____	
Will a separate fire line be required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Office Use Only**

<b><u>Water Service</u></b>		<b><u>Sewer Service</u></b>	
<input type="checkbox"/> <b>Water Available:</b> Water main is located on street frontage		<input type="checkbox"/> <b>Sewer Available:</b> Sewer main is located on street frontage	
<input type="checkbox"/> <b>Water Available – Conditional:</b> Water can be provided if applicant extends a water main. Contact LRWS Engineering for requirements.		<input type="checkbox"/> <b>Sewer Available – Conditional:</b> Sewer can be provided if applicant extends a sewer main. Contact LRWS Engineering for requirements.	
<input type="checkbox"/> <b>Water Not Available</b>		<input type="checkbox"/> <b>Sewer Not Available</b>	
<b><u>Comments:</u></b>          			
<b>LRWS Review</b>			
<b>Administration</b>	<b>Engineering</b>	<b>Field Supervisor</b>	
Date: _____	Date: _____	Date: _____	
By: _____	By: _____	By: _____	