



PLANNING & DEVELOPMENT SERVICES

18 W. LIBERTY STREET, PO BOX 96

YORK, SC 29745-0096

PHONE (803) 909-7200 /



ACCESSORY DWELLING RESIDENTIAL PERMIT APPLICATION

Date: _____

Permit Type (check one):			
☐ New Building	☐ Addition to Existing	☐ Convert Space within Existing Home	☐ Convert Existing Building to Dwelling Unit
Job Cost:			

Address of Construction: _____ **Parcel ID #:** _____

Subdivision: _____ **Lot #:** _____ **Corner lot:** ___ **Yes** ___ **No** **Driveway entry street name:** _____

Property Owner Name: _____ **Phone:** _____

Property Owner Address: _____ **Email:** _____

Contractor Name: _____ **SC Builder's License #:** _____

Contractor Address: _____ **Phone:** _____ **Email:** _____

Description of work: _____

Number of stories: _____ **Primary Dwelling Unit Heated s/f:** _____ **Accessory Dwelling Unit s/f:** _____ **Porch/ deck s/f:** _____

Garage s/f: _____ **Garage attached:** _____ **Garage two (2) stories:** _____

Basement s/f: _____ **Basement:** ___ **finished** or ___ **unfinished** **Bonus room s/f:** _____ **Bonus room:** ___ **finished** or ___ **unfinished**

Heated s/f: _____ (including heated sf shown for finished basement and/or bonus room listed above)

Which of the two units will be the designated "owner-occupied" unit: ___ **existing** or ___ **new?** (Check one)

If the Accessory Dwelling Unit is a new addition or separate building, describe how it matches the design of the existing home with regards to materials, colors, window styles, and roof styles. (Provide on a separate sheet) ***Attach application to Affidavit in Support of Accessory Dwelling Unit.**

Utilities:

Water provider: _____ **Electrical provider:** _____

Sewer provider: _____ **Gas provider:** _____

Applicants must consult with their property owner's association or other parties that may hold restrictive covenants on the property prior to commencing work.

General Acknowledgement

- I certify to the best of my knowledge that all information provided herein is true and correct and all work performed under this permit shall conform to the plans and specifications herewith submitted and to all applicable Building Codes and Laws and Ordinances pertaining thereto.
- By signing this application I certify that I have the authority to make the foregoing application and I am the property owner or an authorized agent for the company performing the work stated above. I understand that I must use contractors licensed or registered with the State of South Carolina. If I choose to represent myself as the owner/builder, I understand that I or my immediate family members are required to occupy the property, that only contractors and subcontractors duly licensed as required by the State of South Carolina must be used to perform work associated with this application and permit, and as owner/builder I may not rent, lease or sell the property for a period of no less than two years from the date of final inspection for which this permit is issued.
- I further understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related state laws and local ordinances.
- I certify no construction or portion of construction will be built over or under any electrical, water, sewer, storm water or any other utility easements or rights-of-way.
- Renovation and demolition of most facilities are subject to State and Federal asbestos regulations. The facility owner and the renovation or demolition contractor are both responsible for ensuring compliance with these regulations. Please visit <https://scdhec.gov/environment/your-home/asbestos-information-homeowners/asbestos-regulations> for more information. The EPA requires contractors to have a Lead Paint Removal Certification when working on a structure built before 1978. Visit <https://www.epa.gov/lead> for more information.

Applicant Signature

Applicant Title

Applicant Printed Name

Date



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RESIDENTIAL SUBCONTRACTOR ADDENDUM

All subcontractors must hold a valid South Carolina State license.

Contact information for each subcontractor must be filled out completely.

Date: _____

Address of Construction: _____ Parcel ID #: _____

General Contractor Name: _____ SC Builder's License #: _____

ELECTRICAL CONTRACTOR INFORMATION:	PLUMBING/GAS CONTRACTOR INFORMATION:
Name:	Name:
License #:	License #:
Contract Cost:	Contract Cost:
Address:	Address:
Phone:	Phone:
Email:	Email:
MECHANICAL CONTRACTOR INFORMATION:	MASONRY CONTRACTOR INFORMATION:
Name:	Name:
License #:	License #:
Contract Cost:	Contract Cost:
Address:	Address:
Phone:	Phone:
Email:	Email:
CARPENTRY CONTRACTOR INFORMATION:	SHEETROCK CONTRACTOR INFORMATION:
Name:	Name:
License #:	License #:
Contract Cost:	Contract Cost:
Address:	Address:
Phone:	Phone:
Email:	Email:

Applicant Signature

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AFFIDAVIT IN SUPPORT OF ACCESSORY DWELLING UNIT PERMIT

1. The address of my property is _____ and there is an existing (or proposed) accessory dwelling unit at this address.
2. One of the two units on this property has been designated as the "owner-occupied" unit; I will at no time rent the designated owner-occupied unit.
3. I will notify York County Planning & Development Services if the accessory dwelling unit is removed from this property.
4. I acknowledge that this document shall run with the land and bind all current and future property owners, and the owner's assigns, beneficiaries and heirs.

Please initial beside the following criteria:

- _____ (a) One accessory dwelling unit per primary dwelling unit;
- _____ (b) Primary dwelling unit shall be owner-occupied;
- _____ (c) Accessory dwelling unit shall not be larger than 50% of the size of the primary dwelling unit;
- _____ (d) Accessory dwelling unit may be in the same building or separate building from the primary dwelling unit, including the garage;
- _____ (e) If the accessory dwelling is in a separate building, then the height of the building containing the accessory dwelling shall not exceed 125% of the height of the principal building;
- _____ (f) If an accessory dwelling is in a separate building, the setbacks shall be no closer than ten feet from an abutting side property line and no closer than 5 feet from an abutting rear property line or the nearest point along any required bufferyards, whichever is greater; (provide a survey showing the distance from all four property lines).
- _____ (g) Accessory dwelling unit shall be constructed with the same or very similar materials and compatible exterior style of the primary dwelling;
- _____ (h) Windows of an accessory dwelling unit shall not be directly opposite windows of a dwelling unit on the abutting lot unless screened by a fence, wall or hedge, or separated by more than 30 feet;
- _____ (i) An accessory dwelling unit shall contain a kitchen and at least one bedroom and at least one full bathroom;
- _____ (j) An accessory dwelling unit shall have at least one parking space in addition to the parking spaces required for the primary dwelling unit.

Applicant Signature: _____ **Date:** _____

Applicant Printed Name: _____

STATE OF SOUTH CAROLINA)
COUNTY OF YORK)

I, _____, Notary Public for the State of _____, do hereby certify that
_____ Personally appeared before me
(Property Owner Name)

the _____ day of _____, 20_____ and acknowledged the due execution of the foregoing instrument.

Notary Public Signature
My Commission Expires: _____

(Place Notarial Seal Here)