



Florence County  
Building Department  
518 S. Irby Street  
Florence, SC 29501  
843-676-8600

# Service Pole Permit Application

Form  
SP-2025-11

## General Info

1. **Nature of Use:** ☐ Commercial ☐ Residential ☐ Agricultural

2. **Project Address/Location:** *Include Building or Suite No.*

**Project Title:**

**Legal Description:** *(Lot, Block, Subdivision Name & Map Number)*

**Proposed Use:**

**Contract Amount or Value of Finished Work \$**

**Utility Provider:** ☐ PE ☐ PDEC ☐ SEC

**Nature of Work:** ☐ Nature of use: ☐ Holiday-Event lighting ☐ Irrigation ☐ Construction ☐ Other: describe below

3. **Notice of Violation-**Have you received a notice or been in contact with any Codes Enforcement Department personnel regarding a possible violation at this site? ☐ YES ☐ NO

## Owner/Tenant/Permit Holder Info

4. **Property Owner/Lessee Tenant Name:** *Check one* ☐ Owner ☐ Lessee or Tenant

Telephone:

Fax:

Address:

City:

State:

Zip Code:

E-Mail Address:

5. **Applicant Name:** *Check one* ☐ Property Owner ☐ Authorized Agent of Property Owner

Telephone:

Fax:

Address:

City:

State:

Zip Code:

E-Mail Address:

## Contractor Info

6. **Contractor Name:**

Telephone:

Fax:

Address:

City:

State:

Zip Code:

E-Mail Address:

State License No.:

License Class:

I understand the following:

1. All subcontractors are required to be properly licensed or registered in accordance with state law.
2. The permit card must be posted in a conspicuous place on the premises and a means of personnel toilet facilities provided on site.
3. Permit is void if work is not started within six months from date of issuance. Permit is void if work is abandoned for a six month period.
4. The undersigned owner or agent understands that the approval of this application does not constitute a privilege to violate any applicable government ordinances, codes, or laws and that any omission of or misrepresentation of fact with or without intention of the undersigned or any alteration or change from this application shall constitute grounds for the revocation of any permit issued which was based on the approval of this application.
5. Do you wish for copies of all activities for this permit to be forwarded to the owner or occupant of record? \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Maximum allowable amperage for Service Poles is 125**

## Staff Use Only

Date

Permit Number

Permit Amount

Zoning Approval

Zoning Jurisdiction

Zoning District

FHM (Flood)

Plan Examination

Fire Department

Part I (Must be completed for all permits/approvals)