

CONTRACTOR CHECK LIST

ALL OF THE FOLLOWING ITEMS MUST BE COMPLETED AND SUBMITTED PRIOR TO THE ISSUANCE OF PERMIT LETTERS AND BUSINESS LICENSES.

ITEMS REQUIRED

FORMS THAT MUST BE COMPLETED BY CONTRACTOR:

Business License Application

Sewer Service Agreement

Zoning Compliance Certificate

Business License Subcontractor List

ITEMS CONTRACTOR IS REQUIRED TO PROVIDE WHEN APPLYING:

Copies of Plat (2)

Copy of Plans or Diagrams of Home/Building/Etc.

Payment for Sewer Tap Fee

Payment for Business License Fee

ITEMS PROVIDED TO CONTRACTOR ONCE ZONING HAS BEEN APPROVED:

Business License

Zoning Compliance Approval

Copy of Sewer Agreement

1 Copy of Signed Plat

Business License Application



BL # _____

TOWN OF LYMAN

81 Groce Road, Lyman, SC 29365

BUSINESS LICENSE OFFICE Phone: 864.485.0366 Fax: 864.438.5162

Business Information

Corporate name:	
Name shown to public:	Open date:
Organization type: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Corporation <small>Articles of Organization or Incorporation may be required</small>	
Business activity/type:	NAICS/SIC/Other code:
Federal ID/SSN #:	State retail sales #:
Mailing address:	
Physical address: <input type="checkbox"/> Inside jurisdiction, Tax parcel #: _____ <input type="checkbox"/> Outside jurisdiction	
Contact name, title:	
Contact phone: _____ Ext. _____	Alternate phone: _____
Fax: _____	Email: _____

Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s): _____		SSN #: _____
		SSN #: _____
Driver's license #:	State:	Expiration date:
Other license #:	Type:	Expiration date:
Mailing address:		
Work phone: _____ Ext. _____	Cell phone: _____	
Fax: _____	Email: _____	

Job/Project Information

Project start date:	Estimated end date:	
Project location:	Tax parcel #:	
Project type: <input type="checkbox"/> New construction <input type="checkbox"/> Renovation <input type="checkbox"/> Other _____		
General contractor name: _____		
State contractor license #: _____ <small>Copy may be required</small>	State: _____	Expiration date: _____
Master/specialty license #: _____		
Job contact name: _____	Phone: _____	

Total gross revenues or contract amount: \$ _____

Contact Town of Lyman's business licensing office with questions regarding this form.

Application produced by the South Carolina Business Licensing Officials Association.

The SC Business Licensing Officials Association is an affiliate of the Municipal Association of SC.

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Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)? <i>If yes, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? If yes, provide copy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell food or beverages that are prepared and/or consumed on your premises?

Applicant Certification

1. I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
2. I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
3. I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
4. I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
5. I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
6. I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

For Office Use Only

Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #:	Rate class/NAICS Code:	
Rate Base rate: \$	Excess rate per \$1,000 after the first \$2,000: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Payment Type:
Completed by:	Signature:	Date:

TOWN OF LYMAN
Sewer Service Agreement



Administrative Fee \$40.00

Applicant/Owner Information:

Applicant Name: _____ Telephone No. _____
Mailing Address: _____
Owner Name (if not applicant) _____ Telephone No. _____
Mailing Address: _____

Property Information:

Residential Applications:

Property Address _____
Subdivision _____ Lot Number _____
Inside Town Limits () Outside Town Limits ()
Tax Map No. _____

Commercial Applications:

Property Address _____
Industrial User Questionnaire/Permit completed _____
Estimated flow in gallons per day _____
Grease trap required? yes () no ()
Inside Town Limits () Outside Town Limits ()
Tax Map No. _____

CAPACITY FEES/IMPACT FEE (ONE TIME CHARGE)

	Rates (Inside Town)	Rates (Outside Town)
Residential	\$1,500.00	\$3,000.00
Impact Fee* (Multi Family)	\$5.00/gal	\$10.00/gal
Commercial Tap	\$1,500.00	\$3,000.00
Impact Fee*	\$5.00/gal	\$10.00/gal

Service Information:

Has plat been approved by the town? yes () no ()
Has Annexation Covenant been signed? yes () no ()
Have plans been approved by SC DHEC if required? yes () no ()
Have all applicable permits, easements, etc been obtained? yes () no ()
Is there an existing sewer service on the parcel? yes () no ()
Can the existing service be used? yes () no ()
If the existing service is to be utilized, has the condition of the existing service been verified? yes () no ()

If the existing service cannot be utilized, has it been properly abandoned? yes () no ()
Will a street need to be opened for the connection to be made? yes () no ()
If yes, has an application for a street opening permit been approved? yes () no ()
Owner of street or ROW that will be opened for the connection _____

Notice to Applicant

I agree for myself, my heirs, and assigns, to hold and save harmless the Town of Lyman from any loss, cost, damage, or expense resulting from any defect or blockage of the sanitary sewer system. I understand that it is my responsibility to install measures to protect my properties on the service lateral such as check valves, etc.

I agree for myself, my heirs and assigns, to follow all regulations of the Town of Lyman's Sewer Use Ordinance.

Pursuant to the Lyman Town Ordinance No. 110413-2013; in order for properties located outside the corporate limits to receive municipal sewer services, Owner(s) of the property must sign an agreement placing a restrictive covenant on the property and sign any and all petitions to annex into the Town before service is initiated, if contiguity is already established or when requested by the Town at any time in the future when contiguity can be established.

By affixing my signature I certify that all the information provided is correct to the best of my knowledge and that I have read and understand this entire document as well as any attachments, and I agree to follow all requirements before utility service shall begin.

Signature of applicant

Title

Date

OFFICE USE ONLY:

Payment Information

Paid in full \$ _____
Date: _____
Payment received by: _____

Inspection performed by _____ Date: _____

COMMENTS:



SUBDIVISION & PLAT REVIEW APPLICATION

I certify that all the information on this application and any documentation attached are correct to the best of my knowledge.

ALL APPLICATIONS MUST BE SUBMITTED WITH ALL REQUIRED SUPPORTING DOCUMENTATION PER THE TOWN'S LAND DEVELOPMENT REGULATIONS

NO PARTIAL SUBMISSIONS WILL BE ACCEPTED. ALL DOCUMENTS MUST BE ACCURATE, UP-TO-DATE, COMPLETE AND PROVIDED WITH THE APPLICATION FOR CONSIDERATION.

APPLICATION COMPLETE WITH SUPPORTING DOCUMENTATION MUST BE PROVIDED AT LEAST 30 DAYS PRIOR TO THE COMMISSION MEETING IN WHICH THE SUBMISSION IS TO BE CONSIDERED

Type of Submittal:

- Exempt Plat
 Preliminary Plat (Major)
 Final Plat (Major)
 Commercial Plat
 Combination Plat
 Preliminary Plat (Minor)
 Final Plat (Minor)

Applicant/Property Owner: _____ Company: _____
Phone Number: _____ Email: _____

Developer/Engineer: _____ Company: _____
Phone Number: _____ Email: _____

Other: _____ Company: _____
Phone Number: _____ Email: _____

Project Name: _____

Property Location: _____ Tax Map Number: _____

Zoning Classification: _____ Number of Acres: _____

Number of Proposed Lots: _____

Pursuant to the South Carolina Local Government Comprehensive Planning Enabling Act (Section 6-29-1145 of the South Carolina Code of Laws), is this tract or parcel restricted by any recorded covenant, restriction, easement, etc., that is contrary to, conflicts with or prohibits the (proposed) permitted activity? Yes No

- By signing below, you are stating that you have read the Town of Lyman Zoning Ordinance and Land Development Regulation Requirements for this type of proposed project and have addressed these in the plans for the proposed development.
- All plans, checklists, and fees associated with the proposed project need to be submitted with this application.
- All work associated with this proposed project will require Town of Lyman Business License and Permitting through CC&I Services at permits@cciservicesllc.com or 864-586-6111

Signature: _____ Date: _____

----- For Official Use Only -----

APPROVED
 DENIED
 PENDING
 Date: _____

Zoning Administrator _____ Fee Paid _____

Current Zoning District _____ Setbacks: Front _____ Left _____ Right _____ Rear _____

Business License Obtained
 New Sewer Tap Fee Paid
 Existing Sewer Service
 Septic only

Comments/Conditions: _____



Town of Lyman

Business License SubContractors List

Please fill in ALL information before submitting.

Should additional lines be needed, please use back of form.

	Company Name	Contact Information (Address/Email)	Phone	Contract Total	Lyman Business License #
Survey Crew					
Permit Stand					
Roll-Off/Waste					
Portable Bathroom					
Grading/Excavating					
Cement Supplier					
Foundation					
Driveway					
Footing Crew					
Brick/Block Mason					
Framing Crew					
Roofer					
Gutter Installer					
Plumbing					
HVAC					
Electrical					
Gas					
Drywall					
Siding Installer					
Exterior Brick/Stone					
Insulation					
Landscape					
Irrigation System					
Concrete Finisher					
Painter					
Floor Installer					
Cabinet Installer					
Carpenter Trim Work					
Locksmith					
Alarm System					
Garage Door					
Fencing					
Cleaning Service - Interior					
Pressure Wash - Exterior					
Additional:					
Additional:					
Additional:					
Additional:					