**SITE PREPARATION/NEW HOME CONSTRUCTION/REMODEL**

**Print the requested information in the space below:**

|  |  |  |
| --- | --- | --- |
| **Purposed Setbacks: Front:** | **Right Side: Left Side:** | **Rear:** |
| Name of Owner(s): |  |
| Property Street Address: |  |
| Property Section & Lot Number: |  |
| Owner’s Mailing Address: |  |
| Owner’s Phone Number: |  |
| Owner’s Email Addresses: |  |
| Contractor’s Name: |  |
| Contractor’s Email Address & Phone #: |  |
| **EXTERIOR: Brick** \_\_ Wood \_\_ Vinyl\_\_ Other\_\_ | Slab \_\_\_ Raised Slab \_\_\_Basement \_\_\_ Crawl Space \_\_\_ Other \_\_\_ | Type of Driveway |
| **STRUCTURE TOTAL SQ FOOTAGE** \_\_\_\_\_\_\_Width \_\_\_\_\_\_ Length \_\_\_\_\_\_\_ Height\_\_\_\_\_ | # of stories \_\_ bedrooms **\_\_**# bathrooms **\_\_** | Are pins marked?Yes: \_\_\_ No: \_\_\_ |
| **SCOPE OF PERMIT: *Check boxes that apply to this permit.***\_\_\_\_\_ Grading/Clearing/Drainage \_\_\_\_\_ New Construction/Dwelling \_\_\_\_ AdditionAdditional information: |
| **REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION `** | **FEES (*Due at time of permit issuance*)**  |
| \_\_\_ 1 copy of plat or current survey | \_\_\_ $50 Administrative Fee (Non-refundable) |
| \_\_\_ 1 copy Site Plan with Drainage Plan | \_\_\_ $1,000 Impact Fee (Non-refundable) |
| \_\_\_ Architectural Drawings or Floorplan | \_\_\_ $1,000 Owner’s Compliance Deposit (Refundable)\* |
| \_\_\_ SC Builder’s License or Contractor’s Registration | **\**Excessive damage to the road could result in deposit not being refunded*.** |
| **CERTIFICATION:** I/We hereby certify that all statements contained here are correct and that all construction will abide by following the rules and regulations of the Oconee County building codes, Foxwood Hills ACC Guidelines, and the Foxwood Hills restrictions & covenants and Bylaws.  |
| **OWNER’S SIGNATURE** |  | **DATE:** |
| **CONTRACTOR’S SIGNATURE:** |  | **DATE:** |
| **FOR COMMITTEE USE ONLY** |
| **DATE APPLICATION RECEIVED** |  | **REVIEW DATES** |  |
|  |  | **FINAL APPROVAL DATE** |  |
|  |  | **ACC Chair’s Signature** |  |
| **Issue Date: \_\_\_\_\_\_\_ Amount Received: \_\_\_\_\_\_\_\_ Payment Type: \_\_\_\_\_\_\_\_\_****Completion Date: \_\_\_\_\_\_****Comments:** |