



PRE-PERMIT AUTHORIZATION

DATE: _____

**YOU MUST NOW VISIT ST. MATTHEWS TOWN HALL, 606 F.R.
Huff Drive, ST. MATTHEWS, SC 29135 FOR FURTHER
GUIDANCE.**

1. Description of work and total cost of the Project:

2. Project Address:

3. Desired Start date and expected completion date:

4. Name, address, telephone number and email address of the property owner:

5. Name, address, telephone number and email address of the contractor:

6. Business License Number from the contractor:

**TOWN OF ST. MATTHEWS AUTHORIZATION FOR COUNTY TO
MOVE FORWARD WITH PERMIT ISSUANCE:**

_____ DATE: _____