



South Carolina Department of Labor, Licensing and Regulation
South Carolina Building Codes Council
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 P.O. Box 11329 • Columbia • SC • 29211-1329
 Phone: 803-896-4688 • contact.bcc@llr.sc.gov • Fax: 803-896-4814
 llr.sc.gov/bcc

MODULAR BUILDING MANUFACTURER APPLICATION FOR LICENSE

Include with your application:

- Payment in the form of a check or money order (no cash) in the amount of **\$600** (\$500 license fee for 1-24 boxes, \$100 plan maintenance fee) **or** **\$1600** (\$1500 license fee for 25 or more boxes, \$100 plan maintenance fee). Make checks payable to the SC Building Codes Council. (All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- QC Manual to be submitted through Third Party Inspection Agency
- A surety bond in the amount of \$75,000 per year in the manufacturer’s name, made in favor of the S.C. Building Codes Council. Bonds should be mailed with the principal’s original signature and a copy of the surety company’s Power of Attorney

FOR OFFICE USE ONLY	
License Fee Received	
Plan Maintenance Fee Received	
Bond / Cert. of Insurance	
Processed by	
QC Manual by BCT	
SC License No.	

Federal ID No.: _____

MANUFACTURERING FACILITY IDENTIFICATION

Facility Name: _____

Facility Address: _____
Street City State Zip

Facility Location: _____

Phone No.: _____ Fax No.: _____

Facility Manager: _____

Manufacturer’s Representative: _____

Email: _____

ORGANIZATION

State of Incorporation: _____ Type of Entity: Proprietorship Partnership Corporation

Please complete the information below with the names and addresses of all officers or partners, their individual percentage of interest in the business, and all other individuals with a financial interest of five (5) percent or more. Use a separate sheet of paper if necessary.

Name of Officer or Partner	Address	Individual % of Interest

State the business history of each owner, partner, or corporation office for the past seven (7) years. Use a separate sheet of paper if necessary.

Name	Business History

THIRD PARTY INSPECTION AGENCY

Agency Name: _____ SC License No.: _____

SIGNATURES

Facility Manager: _____ Date: _____

Print Name and Title: _____

Application Prepared by: _____ Date: _____

Print Name and Title: _____