



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  
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[llr.sc.gov/bcc](http://llr.sc.gov/bcc)

## MODULAR BUILDING MANUFACTURER APPLICATION FOR LICENSURE

### Include with your application:

- Payment in the form of a check or money order (no cash) in the amount of:
  - \$500 – 24 transportable units, or less, produced per year
  - \$1,500 – 25 or more transportable units produced per yearMake 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.)
- S.C. Secretary of State Certificate of Existence or Certificate of Good Standing, or Certificate of Authority for out-of-state manufacturers.
- QC Manual stamped and submitted by the Approved Inspection Agency
- A surety bond in the amount of \$75,000 per year in the manufacturer's name, issued on the Council's [form](#), and made in favor of the S.C. Building Codes Council.

### MANUFACTURING FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Company Legal Name and/or DBA: \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (If different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Facility Manager: \_\_\_\_\_

Manufacturer Representative: \_\_\_\_\_

Email: \_\_\_\_\_

### ORGANIZATION

Business Type: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (Specify): \_\_\_\_\_

State of Inc. (if applicable): \_\_\_\_\_

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.

List names of principal owners/executive officers, title, ownership percentage.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

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

**APPROVED INSPECTION AGENCY**

Agency Name: \_\_\_\_\_ SC License No.: \_\_\_\_\_

**SIGNATURES**

Facility Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Application Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_