



CITY OF CHARLESTON
CONSTRUCTION PERMIT & PLAN REVIEW APPLICATION

PROPERTY OWNER

Name:
Street Address:
City, State, Zip:
Contact No. (): Email:

LOCATION OF CONSTRUCTION

Street Address
Subdivision / Project Name:
Lot Block TMS No. Flood Zone: No Yes If yes, what zone?
FIRM Panel Number Property Zoned
BAR No Yes CCDRB No Yes

TYPE AND COST OF BUILDING

Total Cost of Improvement \$ Square Footage of Addition or New Building

Type of Improvement (Check All that Apply):

Right-of-Way Bond Required: Yes No
Amount of Bond: \$

- New Building Addition Alteration
Interior Work Exterior Work
Repair, Replacement Demolition Moving
Foundation Swimming Pool Right-of-Way
Fire Alarm Fire Sprinkler Fire Permit
Plumbing Electrical Structural HVAC
Painting (BAR) Fence Concrete Flat Work
Other

Current Use of Building, if applicable:

Proposed Use of Building:

Non-Residential:

- A - Places for Assembly I - Industrial
B - Business M - Mercantile
E - Education S - Storage
F - Fabrication U - Utility
H - Hazardous

Residential:

- R1 - Hotels and Motels
R2 - Apartments, Condominiums, Dormitory
R3 - One & Two Family or Townhouses
R4 - Residential Care / Assisted Living
U - Garages
Manufactured Homes

Check all Approvals Granted: Planning BAR CCDRB TRC Engineering
Street Blocking Permit Right-of-Way Permit

RESIDENTIAL PROPERTY OWNERS DOING THEIR OWN WORK OVER \$5,000.00:

Homeowner exemption form must be completed and disclosure statement filed with the County Register of Deeds.

Copy of exemption form and disclosure statement attached? Yes No

ALL PERSONS HIRED TO PERFORM WORK MUST BE PROPERLY LICENSED BY THE STATE OF SOUTH CAROLINA AND THE CITY OF CHARLESTON. EACH CONTRACTOR AND SUBCONTRACTOR HIRED TO PERFORM WORK ON THIS PROJECT MUST COMPLETE AND SUBMIT THEIR OWN BUILDING PERMIT & PLAN REVIEW APPLICATION.

CONTRACTOR

Name _____
Street Address _____
City, State, Zip _____
Contact No. () _____
Email: _____ City of Charleston Business License No.: _____
State License Agency (Choose One):
South Carolina Contractors' Licensing Board South Carolina Residential Builders Commission
State License Classification: _____ State License Number: _____
State License Limitation: _____

ENGINEER

Name _____
Company _____
South Carolina License Number: _____
Contact Number: _____ Email: _____
State License Number: _____ Business License Number: _____

ARCHITECT

Name _____
Company _____
South Carolina License Number: _____
Contact Number: _____ Email: _____
State License Number: _____ Business License Number: _____

I understand and agree that this permit does not authorize any encroachment upon City or State owned property. If a Construction Permit is issued by the City for this project that Construction Permit only provides authorization for the limited scope of work identified on the permit, and the permit remains the property of the City of Charleston. By signing below, I certify that I am the owner of the property where the work stated above will be performed or the authorized agent for the company performing the work stated above and that all information provided is true and correct. I further understand and agree that if any information provided is found to be incorrect or falsely stated that any permits granted as a result of submitting this application will become immediately null and void. Additionally, I do hereby covenant and agree to comply with the ordinances of this jurisdiction and to perform the work herein stated in accordance with the plans and specifications submitted herewith. I shall be responsible for any and all violations of state laws and local ordinances. I understand and agree that any alteration or change in plans made without approval of the Building Official subsequent to the issuance of the Construction Permit shall constitute grounds for revocation of such permit. Permit void if work not started within SIX months of date of issue or if work stops for a period of SIX months. All permits expire two years from the date of their issuance. All City Ordinances and Building Codes can be reviewed at the City of Charleston Division of Inspections located at 75 Calhoun Street, 4th Floor, Charleston, South Carolina. Additional Construction Permits shall be required for any additional work not authorized under a permit issued for this application. Applicant is responsible for calling to schedule all required inspections.

Printed Name: _____ Signature: _____ Date: _____

For Official Use Only

Approved Disapproved Date: _____ Permit Number: _____
Issued By: _____