

City of Charleston Single Family Permit Application

Name and Address of Property Owner_____

Contractor_____ Cell No._____

Office No._____ Fax No._____ E-mail_____

State License No._____ City Business License No._____

Lot_____ Block_____ Parcel_____ Address (if known)_____

Subdivision_____ Phase_____ TMS_____ Zoning_____

Heated Sq. Ft._____ Unheated Sq. Ft. (Includes garages, porches, decks)_____

Actual setbacks: Front_____ Rear_____ North/East Side_____ South/West Side_____

Height of Dwelling:_____ (measured from the curb to the highest point of the finished roof)

*Is this an Affordable Housing Project?_____ (If yes, a letter must be included with this application stating that the construction meets the Affordable Housing Ordinance requirements.)

REVIEW REQUIRES 2 SETS OF THE FOLLOWING PLANS WITH THIS APPLICATION:

- 1. THREE (3) SCALED SITE PLANS should be prepared, signed and sealed by a South Carolina licensed professional (i.e. surveyor or engineer; include state registration number on the site plan) and must include:
- Front, rear and side setbacks from property line to building(s), all easements, north arrow.
- Tree survey accurately showing the location of all grand trees (24" or greater D.B.H.). If no grand tree exist on the lot, the statement, "NO TREES 24" D.B.H. OR LARGER EXIST ON THE PROPERTY" must be on each site plan.
- Plans that do not protect grand trees pursuant to Article 3, Part 6 of the Zoning Ordinance will be REJECTED.
- All water features (marshes, lakes, ponds, etc.) abutting /adjacent to the property must be shown and identified.
2. SCALED ELEVATION PLANS indicating the height of all buildings measured from CURB LINE ELEVATION, OR STREET ELEVATION if there is no curb, to the highest point of the finished roof.
3. FLOOR PLANS of all buildings indicating rooms, garages, porches and decks.

NOTE: An Engineering permit and inspection by the Engineering Division is required prior to the issuance of a Certificate of Occupancy. Call 724-3782 for permit information and inspection requests.

For customer service, please contact the Customer Service Coordinator at 843-577-5550.

For technical information, please contact the following:

Table with 4 columns: Department, Phone 1, Department, Phone 2. Rows: GIS (843-805-3230), Zoning (843-724-3781), Engineering (843-724-3782), Inspections (843-834-0466)

I certify that the information on the application and its attachments is correct, that the proposed improvement(s) comply with private neighborhood covenants, if there are any, and that I am the owner of the subject property or the authorized representative of the owner. I authorize the subject property to be inspected for verification of same.

Applicant's Signature_____ Date_____

You must fill out the second section of this application for your submittal to be considered complete. The International Residential Code Correction Sheet (IRC) is required by the Building Inspections Division for plan review.

This address and TMS number are correct per **Kittie Whiddon (GIS)**

_____ (Address Correction if Needed)

Permit Number
RN _____

International Residential Code Correction Sheet

*****THIS SECTION MUST BE COMPLETED BY THE APPLICANT*****

Contractor: _____	
Address of Project (if known): _____	
Number of: Stories _____	Rooms _____ Bathrooms _____ Bedrooms _____ Kitchens _____
Type of Construction: _____	Exterior of Building: _____
Type of: Heat (electric or gas) _____	Roof Covering _____
Foundation (If slab, monolithic or raised: piers or continuous wall): _____	
Fireplace (prefab or site built, wood burning or gas): _____	
Are roof trusses being used? _____ Is sewer available? _____ (If not, DHEC septic tank approval must be submitted)	
Permit includes: Electrical (), Plumbing (), Mechanical (), Gas (), Separate permit to be obtained.	

*****For office use only*****

<u>ITEMS NOTED BELOW SHALL BE CORRECTED IN THE FIELD</u>	
() Submit under construction flood zone elevation certificate prior to rough-in inspections.	
() Submit finished construction flood zone elevation certificate prior to final inspections.	
() Submit as-built v-zone and break away wall certifications prior to final inspections.	

Approved By _____	Date _____
Corrections indicated above will be complied with.	
Owner/Contractor/Agent _____	Date _____
Revised 9/06/2011	