

City of Charleston Single Family Permit Application

Application Number _____

Name and Address of Property Owner _____

Contractor _____ Phone No. _____ Fax No. _____

State License No. _____ City Business License No. _____ E-mail _____

Lot _____ Block _____ Parcel _____ Address (if known) _____

Subdivision _____ Phase _____ TMS _____ Zoning _____

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

Construction Documents for Building Inspections review are included with this submittal: Yes _____ No _____

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

1. **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 trees 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.

For additional information, please contact the following:

GIS 843-724-3787
Engineering 843-724-3761
Zoning 843-724-3781
Inspections 834-579-7519

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.

Applicants Signature _____ Date _____

For GIS Use Only

TMS _____ Assigned Address _____
Date Received _____ Date Assigned _____ By _____

For Engineering Use Only

The Flood Zone determination is _____ with a Base Flood Elevation of _____ feet above Mean Sea Level.

This determination was made from maps prepared by the Department of Housing and Urban Development for the Federal Insurance Administration.

Community Panel No. _____ Date _____

Date Received _____ Date Assigned _____ By _____

Approved by Engineering Inspector: Full Permit ___ Clearing & grading only ___ By _____ Date _____

For Zoning Use Only

Date Received _____ Date Approved _____ By _____

For Building Inspections Use Only

Date Received _____ Date Approved _____ By _____