



RESIDENTIAL ALTERATIONS/ADDITIONS

(For new construction, see New Residential application)

This application to be used for residential buildings (detached or single, duplexes or 2 unit buildings, or townhomes 3-stories or less with a separate exit) or residential accessory structures (sheds, pool houses, etc.) only.



City of Charleston

BUILDING PERMIT APPLICATION

1. GENERAL INFORMATION

Address of Work: _____
 Property Owner: _____
 Property Owner Phone: _____
 TMS #: _____ Flood Zone: _____
 Type of Building: Single Unit Duplex Accessory Structure
 Attached Townhouse Other

FOR PROPERTY OWNERS AS APPLICANTS ONLY:
 Please note: When the total value of construction is over \$5,000, property owners must file the exemption form with the appropriate county office before a permit can be issued.

2. CONTACT INFORMATION

Contact Name: _____
 Contact Phone: _____
 Contact Email: _____
 Field Contact Name: _____
 Field Contact Phone: _____

Company Name: _____
 Company Address: _____
 City of CHS Business License #: _____

CONTRACTOR
USE ONLY

3. PROJECT INFORMATION

Detailed work description: _____

Total value of construction (\$): _____ Has BAR approval already been granted? Yes No

Indicate building changes (check all that apply): Floor plan Structural Footprint Height

Does the building currently contain, or will it contain, a Short Term Rental unit? No Yes, currently Yes, after renovation

4. TRADES/INSPECTIONS

Please check all trades within scope of work and all applicable inspections.

<input type="checkbox"/> Building		<input type="checkbox"/> Electrical	<input type="checkbox"/> Gas	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Footing/Rebar/Block	<input type="checkbox"/> Insulation	<input type="checkbox"/> Under Ground	<input type="checkbox"/> Under Slab Rough-in	<input type="checkbox"/> Sewer/Sanitary Lateral
<input type="checkbox"/> Foundation Wall	<input type="checkbox"/> Building Final	<input type="checkbox"/> Under Slab Rough-in	<input type="checkbox"/> Fuel Gas Rough-in	<input type="checkbox"/> Water Lateral Service
<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> Flood Design	<input type="checkbox"/> Electrical Rough-in	<input type="checkbox"/> Fuel Gas Pre-Service	<input type="checkbox"/> Under Slab Rough-in
<input type="checkbox"/> Pile/Pier	<input type="checkbox"/> Under Construction Elevation Certificate	<input type="checkbox"/> Pre-Power & Service	<input type="checkbox"/> Fuel Gas Final	<input type="checkbox"/> Plumbing Rough-in
<input type="checkbox"/> Bond Beam		<input type="checkbox"/> Pre-Power & Service Disconnect/Reconnect	<input checked="" type="checkbox"/> Mechanical	<input type="checkbox"/> Shower Pan Test
<input type="checkbox"/> Wall & Roof Sheathing	<input type="checkbox"/> Final Elevation Certificate	<input type="checkbox"/> Pool Electrical Bonding	<input type="checkbox"/> Under floor Rough-in	<input type="checkbox"/> Plumbing Final
<input type="checkbox"/> Strapping & Tie-down		<input type="checkbox"/> Deck Electrical Bonding	<input type="checkbox"/> Mechanical Rough-in	<input checked="" type="checkbox"/> Fireplace
<input type="checkbox"/> Fire-Rated Assembly	<input type="checkbox"/> V-Zone Design Certificate	<input type="checkbox"/> Electrical Final	<input type="checkbox"/> Mechanical Change-out	<input type="checkbox"/> Fireplace Rough
<input type="checkbox"/> Framing & Hold-down		<input type="checkbox"/> Electrical Final	<input type="checkbox"/> Mechanical Final	<input type="checkbox"/> Fireplace Final
<input type="checkbox"/> Other: _____				

RESIDENTIAL BUILDING PERMIT APPLICATION

Please use the appropriate box below to provide important details about common permit types.

5. FENCES	
Type of Work (please check one): <input type="checkbox"/> New Fence <input type="checkbox"/> Fence Replacement <input type="checkbox"/> Fence Repair	
Type of Fence (please check one): <input type="checkbox"/> Masonry wall <input type="checkbox"/> Chain Link <input type="checkbox"/> Wood Fence <input type="checkbox"/> Pool Barrier	
Fence Max Height (ft): _____ Length (ft): _____	

6. POOLS & SPAS	
Type of pool (please check all that apply): <input type="checkbox"/> Above Ground <input type="checkbox"/> In Ground <input type="checkbox"/> Heated <input type="checkbox"/> Fiberglass <input type="checkbox"/> Concrete <input type="checkbox"/> Other: _____	
Type of pool barrier (please check one): <input type="checkbox"/> Existing <input type="checkbox"/> Included in permit scope <input type="checkbox"/> Homeowner Responsible (separate permit required)	

7. ACCESSORY STRUCTURES	
Structure Use (please check one): <input type="checkbox"/> Detached Garage <input type="checkbox"/> Dwelling Unit <input type="checkbox"/> Storage Shed <input type="checkbox"/> Other: _____	
Foundation Type (please check one): <input type="checkbox"/> Slab <input type="checkbox"/> Footings <input type="checkbox"/> Skid <input type="checkbox"/> Other: _____	
Height (ft): ____ Eaves Height (ft): _____	
Length (ft): ____ Width (ft): ____ Number of Stories: ____	

8. ROOFING	
Type of work (please check one): <input type="checkbox"/> Full Re-Roof <input type="checkbox"/> Roof Repair <input type="checkbox"/> Roof Re-Coating	
Is Sheathing Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing Roof Material: _____	
Proposed Roof Material: _____	

9. DECKS/PORCHES	
Type of Structure (please check one): <input type="checkbox"/> Freestanding <input type="checkbox"/> Attached	
Length (ft): _____ Width (ft): _____	
To be constructed using deck detail packet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Material(s): _____	

10. EXTERIOR PAINTING	
Type of Painting (please check one): <input type="checkbox"/> Entire House <input type="checkbox"/> Trim <input type="checkbox"/> Decking/Railing/Stairs/etc.	
Color (please check one): <input type="checkbox"/> Same Color <input type="checkbox"/> New Color	
Has BAR approval been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note: If exterior color will change in BAR area, please also complete the BAR color schedule form.	

11. DEMOLITION	
Type of Demolition (please check all that apply): <input type="checkbox"/> Complete (House) <input type="checkbox"/> Complete (Accessory Structure) <input type="checkbox"/> Interior Structural <input type="checkbox"/> Interior Non-structural <input type="checkbox"/> Exploratory <input type="checkbox"/> Partial <input type="checkbox"/> Exterior	
Has BAR approval been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

12. SOLAR PANELS	
Type of Mounting (please check one): <input type="checkbox"/> Roof Mounted <input type="checkbox"/> Ground Mounted	
Number of Panels to be used: _____	
Will panels be connected to electric grid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note: A separate electrical permit is required.	

13. WINDOWS/DOORS	
Number of Windows/Doors modified: _____	Type of Renovation (check all that apply):
Material of New Window/Door: _____	<input type="checkbox"/> Window Replacement <input type="checkbox"/> Window Repair
Type of Windborne Debris Protection (please check all that apply):	<input type="checkbox"/> Door Replacement <input type="checkbox"/> Door Repair
<input type="checkbox"/> Panels with hardware <input type="checkbox"/> Window design <input type="checkbox"/> Shutters	<input type="checkbox"/> New Opening <input type="checkbox"/> Other: _____
IECC Form included? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Preparer Name (please print): _____ Date: _____

This line to be completed by the person(s) completing this permit application.