



COMMERCIAL AND MULTI-FAMILY

This application to be used for commercial buildings, residential buildings that contain three or more units (regardless of number of units included in scope), mixed use buildings, or any structure used for commercial purposes.



City of Charleston

BUILDING PERMIT APPLICATION

1. GENERAL INFORMATION	
Address of Work: _____	
Unit/Suite #s: _____	
Property Owner: _____	
Property Owner Phone: _____	
TMS #: _____ Flood zone: _____	
Is this an Affordable Housing Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a City Funded Capital Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is building ADA Compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. CONTACT INFORMATION	
Contact Name: _____	
Contact Phone: _____	
Contact Email: _____	
Field Contact Name: _____	
Field Contact Phone: _____	
Company Name: _____	CONTRACTOR USE ONLY
Address: _____	
City of CHS Business License #: _____	

3. PROFESSIONAL INFORMATION		
ARCHITECT Name: _____ Company: _____ Email: _____ Phone: _____	STRUCTURAL ENGINEER Name: _____ Company: _____ Email: _____ Phone: _____	MEP ENGINEER Name: _____ Company: _____ Email: _____ Phone: _____

4. PROJECT/STRUCTURE INFORMATION	
Detailed work description: _____ _____	
Total value of construction (\$): _____	Has BAR approval already been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate building changes (check all that apply): <input type="checkbox"/> New Construction <input type="checkbox"/> Floor Plan <input type="checkbox"/> Structural <input type="checkbox"/> Footprint <input type="checkbox"/> Height	
Check all trades within scope of work: <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Kitchen Hood <input type="checkbox"/> Fire Alarm	
Current Building Use (check all that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Other: _____	
Proposed Building Use (check all that apply): <input type="checkbox"/> Retail <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Other: _____	
Is total building area greater than 5,000sqft? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Construction (if known): _____
Total number of units included in project scope: _____	Please indicate fire systems present in building:
Total number of stories in building: _____	<input type="checkbox"/> Fire Alarm <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Other: _____
Does the building currently contain, or will it contain, a Short Term Rental unit? <input type="checkbox"/> No <input type="checkbox"/> Yes, currently <input type="checkbox"/> Yes, after renovation	

COMMERCIAL BUILDING PERMIT APPLICATION

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

5. TENANT UP FIT

Type of Tenant (Check all that apply):

Retail Food & Beverage Office

Other: _____

Change of use? Yes No

Number of off-street parking spaces: _____

Is any demolition included in this scope of work? Yes No

Tenant Contact Information

Company Name: _____

Contact Email: _____

Contact Name: _____

Contact Phone: _____

6. DEMOLITION

Type of Demolition (please check all that apply):

Complete (House) Complete (Accessory Structure)

Interior/Structural Interior/Non-structural

Exploratory Partial Exterior

Has BAR approval been granted? Yes No

7. POOLS & SPAS

Type of pool (please check all that apply):

Above Ground In Ground Heated

Fiberglass Concrete Other: _____

Type of pool barrier (please check one):

Existing Included in permit scope

Homeowner Responsible (separate permit required)

8. ACCESSORY STRUCTURES

Structure Use (please check one): Detached Garage

Storage Shed Dwelling Unit Other: _____

Foundation Type (please check one):

Slab Footings Skid Other

Height (ft): ____ Eaves Height (ft): ____

Length (ft): ____ Width (ft): ____ Number of Stories: ____

9. ROOFING

Type of work (please check one):

Full Re-Roof Roof Repair Roof Re-Coating

Is Sheathing Included? Yes No

Existing Roof Material: _____

Proposed Roof Material: _____

10. CELLULAR EQUIPMENT

Type of Equipment Work (please check one):

Replacement Repair New Other: _____

If other, explain: _____

Name of Carrier: _____

11. EXTERIOR PAINTING

Type of Painting (please check one):

Entire House Trim Decking/Railing/Stairs/etc.

Color (please check one): Same Color New Color

Has BAR approval been granted? Yes No

Please note: If exterior color will change in BAR area, please also complete the BAR color schedule form.

Preparer Name (please print): _____ Date: _____

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