



City of Charleston

BUILDING PERMIT

If this application will be submitted digitally, please submit all documents as PDF files.
If this application will be submitted on paper, please include 3 sets of revised plans/sheets.



REVISION APPLICATION

1. PERMIT INFORMATION
Address of Work: _____
Floor/Unit/Suite #: _____
Permit Number: _____
Project Name: _____
Revision Submission Date: _____
Project Status: <input type="checkbox"/> Permit under review <input type="checkbox"/> Permit 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. REVISION INFORMATION									
Revision Description: _____ _____ _____									
Please check all applicable boxes to describe proposed changes:									
<table border="1" style="width: 100%;"> <tr> <td><input type="checkbox"/> Interior</td> <td><input type="checkbox"/> Exterior</td> <td><input type="checkbox"/> Fire Protection Systems</td> </tr> <tr> <td><input type="checkbox"/> Building/Structural</td> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Fuel Gas</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td><input type="checkbox"/> Mechanical</td> <td><input type="checkbox"/> Site</td> </tr> </table>	<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Fire Protection Systems	<input type="checkbox"/> Building/Structural	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fuel Gas	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Site
<input type="checkbox"/> Interior	<input type="checkbox"/> Exterior	<input type="checkbox"/> Fire Protection Systems							
<input type="checkbox"/> Building/Structural	<input type="checkbox"/> Electrical	<input type="checkbox"/> Fuel Gas							
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Site							
Added or subtracted permit value (\$): _____ New total permit value (\$): _____									
(Please include any overhead & profit for mechanical, plumbing, gas, electrical, and fire protection systems)									
Please list all documents included with this application:									
1. _____									
2. _____									
3. _____									
4. _____									

Preparer Name (please print): _____ Date: _____

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