

Has this permit been applied for online? Yes No



City of Charleston Building Inspections Division
Sub-Contractors Permit Application

Project Information		
Property Owner: _____	Address of Work: _____	Master Permit #: _____

Contractor Information		
Contractor/Owner: _____		E-mail: _____
Address: _____	Ste/Unit _____	City: _____ State: _____ Zip: _____ Phone # _____
City of Charleston License #: _____		Type of State License: _____ State license #: _____

***Please fill out the proper box according to the desired permit ***

Mechanical Permit	
Use of Building:	
# of Units	
Cost of work:	
Type of Work:	<input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Repair
Has the location of the proposed unit been approved by any of the following:	<input type="checkbox"/> B.A.R. <input type="checkbox"/> CCDRB
Type of Fuel: Electric or gas	
Other explanations:	
Inspections Needed: (check all that apply) <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Change Out <input type="checkbox"/> Hood	

Electrical Permit	
Cost of work:	
Amps	Existing: Proposed:
Meters	Existing: Proposed:
Tenant Spaces	Existing: Proposed:
Type of Work:	<input type="checkbox"/> New Service <input type="checkbox"/> Pool <input type="checkbox"/> Add'l wiring <input type="checkbox"/> Rewiring <input type="checkbox"/> Add'l Service <input type="checkbox"/> Underground <input type="checkbox"/> Other <input type="checkbox"/> Temp Pole
Zoning Approval for Additional Meters/Tenant spaces: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other explanations:	
Inspections Needed: (check all that apply) <input type="checkbox"/> Under-Slab <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Pool <input type="checkbox"/> Temp-Pole <input type="checkbox"/> Temp-Power <input type="checkbox"/> Underground	

Plumbing Permit	
Use of Building:	
# of Units:	
Cost of work:	
Work includes <input type="checkbox"/> Water <input type="checkbox"/> Sewer	
Total # of fixtures to be added:	
Other explanations:	
Inspections Needed: (check all that apply) <input type="checkbox"/> Under-Slab <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Pool <input type="checkbox"/> Temp-Power <input type="checkbox"/> Underground	

Gas Permit	
Use of Building:	
# of Units:	
Cost of work:	
Description of Work: <input type="checkbox"/> New Installation <input type="checkbox"/> Renovation or Upgrade <input type="checkbox"/> Pressure Test (required if gas has been off for more than one year)	
Total # of fixtures added :	
Other explanations:	
Inspections Needed: (check all that apply) <input type="checkbox"/> Under-Slab <input type="checkbox"/> Rough <input type="checkbox"/> Final <input type="checkbox"/> Pool <input type="checkbox"/> Temp-Power <input type="checkbox"/> Underground	

As the Contractor for the above, I hereby attest to the validity/accuracy of the above information

Signed _____ Date _____