



City of Charleston Building Inspections

BUILDING PLAN REVIEW AND PERMIT APPLICATION

I. APPLICANT INFORMATION

Name: _____ Phone: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

II. PROJECT INFORMATION *please fill out all that applies*

Property Owner: _____ Phone: _____

Address of Work: _____ Unit: _____

Subdivision or Project Name: _____ Lot: _____ Block: _____ TMS #: _____

Flood Zone: _____ FIRM Panel #: _____ Zoning: _____

Is this property in **BAR** or **DRB** jurisdiction: Yes No Do you have their approvals? Yes No

III. TYPE AND COST OF CONSTRUCTION *please fill out all that applies*

Scope of Work: _____

Current Use of building, if applicable: _____ Propose Use: _____

NON- RESIDENTIAL USES:

A – PLACES OF ASSEMBLY F – FABRICATION M – MERCANTILE
B – BUSINESS H – HAZARDOUS S – STORAGE
E – EDUCATION I – INDUSTRIAL U – UTILITY

RESIDENTIAL USES:

R1 – HOTELS AND MOTELS R4 – RESIDENTIAL CARE/ASSISTED LIVING
R2 – APARTMENTS, CONDOS, DORMS U – GARAGES
R3 – ONE AND TWO FAMILY OR TOWNHOMES MANUFACTURED HOMES

Type of Improvement: New Building Addition Alteration Interior Work Exterior Work Repair Replacement
 Demolition Moving Foundation Pool Right-of-way Structural Painting Fence Concrete

Number of Units Added/Renovated: _____ Right of Way Bond Required: Yes No

Total cost of improvement (\$): _____ Square Footage of Addition or New Building: _____

Check all approvals granted: BAR DRB BZA-Z BZA-SD TRC ENCROACHMENT SIDEWALK/STREET BLOCKING

IV. SPECIFICS – FOR PROPERTY OWNERS ACTING AS CONTRACTOR ONLY

When the total cost of construction is over \$5,000, property owners must file exemption form and disclosure statement with the Charleston County RMC office before submitting permit application with the City of Charleston. Building Inspections requires a receipt of the filing with the RMC office and completed disclosure statement before a permit can be obtained.

Copy of the exemption form and disclosure statement attached? Yes No

ALL PERSONS HIRED TO PERFORM WORK MUST BE PROPERLY LICENSED BY THE STATE OF SOUTH CAROLINA AND THE CITY OF CHARLESTON. EACH CONTRACTOR AND SUBCONTRACTOR HIRED TO PERFORM WORK ON THIS PROJECT MUST COMPLETE AND SUBMIT THEIR OWN BUILDING PERMIT & PLAN REVIEW APPLICATION.

V. PROFESSIONAL INFORMATION

ARCHITECT

Name: _____ Company: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

ENGINEER

Name: _____ Company: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

GENERAL CONTRACTOR

Name: _____ Phone: _____
Company: _____ City of Charleston Bus License #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

State License Agency: South Carolina Contractors' Licensing Board South Carolina Residential Builders Commission
State Lic. Classification: _____ State Lic. #: _____ State Lic. Limitation: _____

ELECTRICAL CONTRACTOR: if known

Name: _____ Phone: _____
Company: _____ City of Charleston Bus License #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

MECHANICAL CONTRACTOR: if known

Name: _____ Phone: _____
Company: _____ City of Charleston Bus License #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

PLUMBING CONTRACTOR: if known

Name: _____ Phone: _____
Company: _____ City of Charleston Bus License #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____

VI. DISCLAIMER AND SIGNATURE

I understand and agree that this permit does not authorize any encroachment upon City or State owned property.
If a Construction Permit is issued by the City for this project that Construction Permit only provides authorization for the limited scope of work identified on the permit and the permit remains the property of the City of Charleston.
By signing below, I certify that I am the owner of the property where the work stated above will be performed or the authorized agent for the company performing the work stated above and that all information provided is true and correct.
I further understand and agree that if any information provided is found to be incorrect or falsely stated that any permits granted as a result of submitting this application will become immediately null and void. Additionally, I do hereby covenant and agree to comply with the ordinances of this jurisdiction and to perform the work herein stated in accordance with the plans and specifications submitted herewith. I shall be responsible for any and all violations of state laws and local ordinances.
I understand and agree that any alteration or change in plans made without approval of the Building Official subsequent to the issuance of the Construction Permit shall constitute grounds for revocation of such permit.
Permit void if work not started within **SIX** months of date of issue or if work stops for a period of SIX months. All permits expire two years from the date of their issuance.
All City Ordinances and Building Codes can be reviewed at the City of Charleston Division of Inspections located at 2 George Street, Ground Floor, Charleston, SC. Additional Construction Permits shall be required for any additional work not authorized under a permit issued for this application.
Applicant is responsible for calling to schedule all required inspections.

Signature _____ Date _____