



## 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 \_\_\_\_\_