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.

BUILDING PERMIT APPLICATION

City of Charleston

1. GENERAL INFORMATION

Address of Work: _____

Unit/Suite #s: _____

Property Owner: _____

Property Owner Phone: _____

Property Owner Email: _____

TMS #: _____ Flood zone: _____

Is this an Affordable Housing Project? ❑ Yes ❑ No

Is this a City Funded Capital Project? ❑ Yes ❑ No

Is building ADA Compliant? ❑ Yes ❑ No

2. CONTACT INFORMATION

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Field Contact Name: _____

Field Contact Phone: _____

Company Name: _____

SC LLR License #: _____

City of CHS Business License #: _____

CONTRACTOR USE ONLY

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?** ❑ Yes ❑ No

Indicate building changes (check all that apply): ❑ **New Construction** ❑ **Floor Plan** ❑ **Structural** ❑ **Footprint** ❑ **Height**

Check all trades within scope of work:

❑ **Electrical** ❑ **Mechanical** ❑ **Plumbing** ❑ **Gas** ❑ **Fire Sprinkler** ❑ **Kitchen Hood** ❑ **Fire Alarm**

Current Building Use (check all that apply): ❑ Retail ❑ Food & Beverage ❑ Office ❑ Residential ❑ Other: _____

Proposed Building Use (check all that apply): ❑ Retail ❑ Food & Beverage ❑ Office ❑ Residential ❑ Other: _____

Is total building area greater than 5,000sqft? ❑ Yes ❑ No   Type of Construction (if known): _____

Total number of units included in project scope: _____

Total number of stories in building: _____

Please indicate fire systems present in building:

❑ Fire Alarm ❑ Fire Sprinkler ❑ Other: _____

Does the building currently contain, or will it contain, a Short Term Rental unit? ❑ No ❑ Yes, currently ❑ Yes, after renovation

City of Charleston Permit Center ∙ 2 George St, Charleston, SC 29401 ∙ permits@charleston-sc.gov ∙ (843) 577-5550

COMMERCIAL BUILDING PERMIT APPLICATION

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

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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 Name: _____

Contact Email: _____

Contact Phone: _____

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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

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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)

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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:** ____

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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: _____

_____

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10. CELLULAR EQUIPMENT

Type of Equipment Work (please check one):

❑ Replacement ❑ Repair ❑ New ❑ Other: _____

If other, explain: _____

_____

Name of Carrier: _____

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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.