



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		2. CONTACT INFORMATION
Address of Work: _____	Contact Name: _____	
Floor/Unit/Suite #: _____	Contact Phone: _____	
Permit Number: _____	Contact Email: _____	
Project Name: _____	Field Contact Name: _____	
Revision Submission Date: _____	Field Contact Phone: _____	
Project Status: <input type="checkbox"/> Permit under review <input type="checkbox"/> Permit issued	Company Name: _____	
	Address: _____	
	SC LLR License #: _____	
	City of CHS Business License #: _____	
CONTRACTOR USE ONLY		

3. REVISION INFORMATION		
Detailed Revision Description: _____ _____ _____ _____		
Please check all applicable boxes to describe proposed changes:		
<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.