



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: _____ Floor/Unit/Suite #: _____ Permit Number: _____ Project Name: _____ Revision Submission Date: _____ Project Status: <input type="checkbox"/> Permit under review <input type="checkbox"/> Permit issued	Contact Name: _____ Contact Phone: _____ Contact Email: _____ Field Contact Name: _____ Field Contact Phone: _____ <div style="background-color: #f4a460; padding: 5px; margin-top: 10px;"> Company Name: _____ Address: _____ SC LLR License #: _____ City of CHS Business License #: _____ </div> <div style="background-color: #f4a460; padding: 5px; text-align: center; font-weight: bold; margin-top: 5px;">CONTRACTOR USE ONLY</div>									
3. REVISION INFORMATION										
Detailed Revision Description: _____ _____ _____ _____ _____										
Please check all applicable boxes to describe proposed changes: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> Interior</td> <td style="padding: 5px;"><input type="checkbox"/> Exterior</td> <td style="padding: 5px;"><input type="checkbox"/> Fire Protection Systems</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Building/Structural</td> <td style="padding: 5px;"><input type="checkbox"/> Electrical</td> <td style="padding: 5px;"><input type="checkbox"/> Fuel Gas</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Plumbing</td> <td style="padding: 5px;"><input type="checkbox"/> Mechanical</td> <td style="padding: 5px;"><input type="checkbox"/> Site</td> </tr> </table>		<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
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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.