



PLUMBING



TRADE PERMIT APPLICATION

City of Charleston

1. GENERAL INFORMATION	2. CONTRACTOR INFORMATION
<p>Address of Work: _____</p> <p>Unit/Suite #s: _____</p> <p>Total # of units included in scope: _____</p> <p>Property Owner: _____</p> <p>Property Owner Phone: _____</p> <p>Property Owner Email: _____</p> <p>TMS #: _____ Flood Zone: _____</p> <p>Is this application for a <u>stand-alone</u> or <u>sub-permit</u>?</p> <p><input type="checkbox"/> Stand-alone <input type="checkbox"/> Sub-permit (Requires master permit)</p> <p>Building (master) permit number: _____</p>	<p>Company Name: _____</p> <p>Company Address: _____</p> <p>Contact Name: _____</p> <p>Email: _____</p> <p>Office Phone: _____ Field Phone: _____</p> <p>City of CHS Business License #: _____</p> <p>SC LLR License #: _____</p> <p>Type of SC State License: _____</p>

3. PROJECT INFORMATION		
<p>Detailed work description: _____</p> <p>_____</p>		
Total value of construction (\$): _____		Number of Fixtures added or replaced: _____
<p>Work Includes: <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Well¹ <input type="checkbox"/> Septic (private system)¹ Please indicate the appropriate building type: <input type="checkbox"/> Accessory</p> <p><input type="checkbox"/> Residential Sprinkler² <input type="checkbox"/> Stormwater³ <input type="checkbox"/> Single Family/Duplex <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family</p> <p>Utility Provider: <input type="checkbox"/> CWS <input type="checkbox"/> James Island Public Service Total number of Fixtures Added/Altered: _____</p>		
Type of Work (please check all that apply):		
SERVICE (from meter to building) ⁵	BUILDING SYSTEMS	OTHER
<input type="checkbox"/> New Service for New Building	<input type="checkbox"/> New/Additional Fixtures	<input type="checkbox"/> Grease Trap ⁴
<input type="checkbox"/> Replace/Upgrade Service for Existing Building	<input type="checkbox"/> Replace entire system	<input type="checkbox"/> Backflow Preventer ⁴
<input type="checkbox"/> Additional Service for Existing Building	<input type="checkbox"/> Residential Sprinkler system ³	
<input type="checkbox"/> Repair of Existing Service	<input type="checkbox"/> Water Heater ⁶	
<input type="checkbox"/> Other (please explain): _____		

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Please use the table below to indicate all required inspections

4. INSPECTIONS	
<input type="checkbox"/> Under-slab (within building footprint)	<input type="checkbox"/> Water Lateral (From meter to building) ⁵
<input type="checkbox"/> Underground (outside building footprint)	<input type="checkbox"/> Sewer Lateral (From tap to building) ⁵
<input type="checkbox"/> Rough-in (complete) ⁷	<input type="checkbox"/> Forced Main Sewer Test
<input type="checkbox"/> Rough-in (walls only) ⁷	<input type="checkbox"/> Final
<input type="checkbox"/> Rough-in (above drop-ceiling)	
<input type="checkbox"/> Other (please explain):	

Please see the following information regarding numbered items:

1. DHEC permits required.
2. In building only.
3. Only for sprinkler systems regulated by NFPA 13D or SC Residential Code.
4. CWS or JIPSD sizing inspection required.
5. Work requiring Utility Company to disconnect or shut off service will require coordination with the City Building Inspections Division and the Utility provider.
6. Electrical or gas permit required.
7. Pressure test or Stack test required.

Preparer Name (please print): _____ Date: _____

This line to be completed by the person(s) completing this permit application.