



City of Charleston

MECHANICAL

TRADE PERMIT APPLICATION



1. GENERAL INFORMATION

Address of Work: _____

Unit/Suite #: _____

Total # of units included in scope: _____

Property Owner: _____

Property Owner Phone: _____

Property Owner Email: _____

TMS #: _____ Flood Zone: _____

2. CONTRACTOR INFORMATION

Company Name: _____

Company Address: _____

Contact Name: _____

Email: _____

Office Phone: _____ Field Phone: _____

City of CHS Business License #: _____

SC LLR License #: _____

Type of SC State License: _____

3. PROJECT INFORMATION

Detailed work description: _____

Total value of construction (\$): _____ Type of fuel: Electrical Gas

Is this property in BAR or DRB jurisdiction? BAR DRB Neither Please indicate the appropriate building type: Accessory

If yes, do you already have approval for exterior work? Yes No Single Family/Duplex Commercial Multi-Family

Type of Work (please check all that apply):

SERVICE	KITCHEN EQUIPMENT	OTHER
<input type="checkbox"/> New HVAC System for New Building	<input type="checkbox"/> New Commercial Kitchen Exhaust Hood	<input type="checkbox"/> Fuel Pumps/Dispensers
<input type="checkbox"/> New/Upgraded System for Existing Building	<input type="checkbox"/> Repair/Upgrade Kitchen Exhaust Hood	<input type="checkbox"/> New Fireplace
<input type="checkbox"/> Additional HVAC System for Existing Building	<input type="checkbox"/> New Refrigeration System	<input type="checkbox"/> Repair Existing Fireplace
<input type="checkbox"/> Repair of Existing HVAC System	<input type="checkbox"/> Other (please explain):	
<input type="checkbox"/> New mini-split		

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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"/> Change Out Condenser and/or Air Handler
<input type="checkbox"/> Underground (outside building footprint)	<input type="checkbox"/> Change Out Air Ducts
<input type="checkbox"/> Rough-in (complete)	<input type="checkbox"/> Air Duct Sealing
<input type="checkbox"/> Rough-in (walls only)	<input type="checkbox"/> Light/Smoke Test for Commercial Hood System
<input type="checkbox"/> Rough-in (above ceiling)	<input type="checkbox"/> Mechanical Test and Balance Report
<input type="checkbox"/> Final	
<input type="checkbox"/> Other (please explain):	

Preparer Name (please print): _____ Date: _____

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