

STREET NUMBER: _____ STREET NAME: _____ SUBDIVISION: _____ BLOCK: _____ LOT: _____

PERMIT NUMBER

CONTRACTOR: _____ PHONE: _____ ADDRESS: _____ Month: _____ Day: _____

OWNER: _____ PHONE: _____ ADDRESS: _____ Year: _____

NO REFUNDS ON ANY PERMITS.

FEE: _____

ROOFING LICENSE: _____

PROPERTY TAX I.D. # _____



CITY OF CHARLESTON – ZONING USE AND BUILDING PERMIT

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR PERMITS AS REQUIRED BY CITY ORDINANCES AND CODES.

Contractor or Owner is responsible for all property line locations and Subdivision restrictions and for calling the City for all required inspections.

Water & Sewer Account #

TYPE OF IMPROVEMENT:

- New Building
- Addition
- Alteration
- Repair, Replacement
- Moving
- Type of Building _____
- Other _____

SPECIFY EXACT USE: _____

NON-RESIDENTIAL

- Number of Bathrooms: _____
- Church, Religious Building
- Industrial, Storage Building
- Parking Garage
- Accessory Garage
- Car Part
- Tool Shed
- Service Station, Repair Garage
- Hospital, Nursing Home
- Office, Bank, Professional
- Public Work, Utility Building
- School, College, Education
- Store, Mercantile, Restaurant
- Swimming Pool
- Tank, Tower, Sign
- Other: _____

ESTIMATED COST: _____

FOR RESIDENTIAL BUILDINGS ONLY

Number of Bedrooms: _____

Number of Bathrooms: _____

NUMBER OF UNITS TO BE CONSTRUCTED: _____

NUMBER OF DWELLING UNITS:

Added _____
Deducted _____

TENURE:

- Owner Occupied
- To Be Rented
- To Be Sold

OWNERSHIP:

- Private
- Public

TYPE OF USE:

- One Family
- One Family/Attached Garage
- Mobile Home
- Two Family
- Three Family
- Tool Shed
- Four Family
- Five Families or More
- Motel or Hotel
- Accessory Garage
- Car Part
- Swimming Pool

Number of Stories _____

PRINCIPAL TYPE OF FRAME:

- Masonry
- Structural Steel
- Wood Frame
- Reinforced Concrete
- Other _____

TYPE OF SEWAGE DISPOSAL:

- Public _____
- Private _____

IS THERE A BASEMENT:

- Yes
- No

TYPE OF WATER SUPPLY:

- Public _____
- Private _____

TYPE OF HEATING FUEL:

- Gas
- Oil
- Coal
- Electricity
- Other _____

I certify the information shown on this application is true.

Dated: _____

Signed: _____

H.V.A.C. PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

Type of Heating System: _____

Type of Cooling System: _____

Type of Ventilation: _____

Refrigeration Units: _____

Fire Suppression System: _____

Other: _____

ELECTRICAL PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

- Temporary Pole Service
- New Service – Single Family Dwelling
- Rewire – Single Family Dwelling
- New Service - _____ Multi-Family Units
- Garage – Residential
- Central Air Conditioning – Residential
- Room Addition – Residential
- Central Air Conditioning – Residential Sign
- Contractor Caused Reinspection
- Work Started Prior to Permit
- Commercial or Industrial Contract Price
- \$ _____

APPROVALS

Building: _____ Date: _____

Zoning: _____ Date: _____

Fire: _____ Date: _____

Engineer: _____ Date: _____

Conditions: _____

PLUMBING PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

Residential: _____

Commercial: _____

	Basement	First Floor	Second Floor
Water Closet			
Lavatory			
Kitchen Sink			
Urinal			
Service Sink			
Floor Drains			
Laundry Sink			
Washer Trap			
Shower			
Bath Tub			
Water Heater			
Sprinkler System			
Reinspection			
Water/Conditioner			

TOTAL COST OF PERMITS: \$ _____