

STREET NUMBER: _____

STREET NAME: _____

SUBDIVISION: _____

BLOCK: _____

LOT: _____

PERMIT NUMBER

CONTRACTOR: _____

PHONE: _____

ADDRESS: _____

Month: _____

Day: _____

OWNER: _____

PHONE: _____

ADDRESS: _____

Year: _____

FEE: _____



CITY OF CHARLESTON – ZONING USE AND BUILDING PERMIT

NO REFUNDS ON ANY

ROOFING LICENSE: _____

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

PROPERTY TAX I.D. # _____

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:

SPECIFY EXACT USE: _____

ESTIMATED COST: _____

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

NON-RESIDENTIAL

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

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:

PRINCIPAL TYPE OF FRAME:

- 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 Port
- Swimming Pool

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

IS THERE A BASEMENT:

- Yes
- No

TYPE OF WATER SUPPLY:

Public _____

Private _____

TYPE OF HEATING FUEL:

- Gas
- Oil
- Coal
- Electricity
- Other _____

TYPE OF SEWAGE DISPOSAL:

Public _____

Private _____

H.V.A.C PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

Type of Heating System: _____

Type of Cooling System: _____

Type of Ventalation: _____

Refrigeration Units: _____

Fire Suppression System: _____

Other: _____

APPROVALS

Building: _____ Date: _____

Zoning: _____ Date: _____

Fire: _____ Date: _____

Engineer: _____ Date: _____

Conditions: _____

PLUMBING PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

Residential: _____

Commerial: _____

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
- Sign
- Contractor Caused Reinspection
- Work Started Prior to Permit
- Commerical or Industrial Contract Price
- \$ _____

	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:

I certify the information on this application is true.

Dated: _____

Signed: _____