

STREET NUMBER: \_\_\_\_\_ STREET NAME: \_\_\_\_\_

PERMIT NUMBER

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROOFING LICENSE #: \_\_\_\_\_

BUILDING PERMIT FEES: \_\_\_\_\_

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.*

*Contractor or Owner is responsible for calling the City at 217.345.5650, for all required inspections.*

*Contractor or Owner is responsible for obtaining a ROW permit for any work done on City ROW before working on City ROW.*

*Please contact Peggy at 217.345.5650 for the ROW permit.*



**NO REFUNDS ON ANY PERMITS**

**TYPE OF IMPROVEMENT:**

- \_\_\_ New Building
- \_\_\_ Addition
- \_\_\_ Alteration
- \_\_\_ Repair, Replacement
- \_\_\_ Moving
- \_\_\_ *Type of Building* \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

**PRINCIPAL TYPE OF FRAME:**

- \_\_\_ Masonry
- \_\_\_ Structural Steel
- \_\_\_ Wood Frame
- \_\_\_ Reinforced
- \_\_\_ Concrete

**COST OF CONSTRUCTION:**

\$ \_\_\_\_\_

**FOR RESIDENTIAL BUILDINGS ONLY:**

Number of Bedrooms: \_\_\_\_\_

Number of Bathrooms: \_\_\_\_\_

**NUMBER OF DWELLING UNITS:**

Existing : \_\_\_\_\_

Added: \_\_\_\_\_

Deducted: \_\_\_\_\_

**BASEMENT:**

- \_\_\_ Yes
- \_\_\_ No

**NUMBER OF UNITS TO BE**

**CONSTRUCTED:** \_\_\_\_\_

**TENURE:**

- \_\_\_ Owner Occupied
- \_\_\_ To Be Rented
- \_\_\_ To Be Sold

**NUMBER OF STORIES:** \_\_\_\_\_

**NON RESIDENTIAL USE:**

- \_\_\_ 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: \_\_\_\_\_

**TYPE OF SEWAGE DISPOSAL:**

- Public \_\_\_\_\_
- Private \_\_\_\_\_

**OWNERSHIP:**

- \_\_\_ Private
- \_\_\_ Public

**RESIDENTIAL 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
- \_\_\_ Carport
- \_\_\_ Swimming Pool

**TYPE OF HEATING FUEL:**

- \_\_\_ Gas
- \_\_\_ Oil
- \_\_\_ Coal
- \_\_\_ Electricity
- \_\_\_ Other \_\_\_\_\_

**TYPE OF WATER SUPPLY:**

- \_\_\_ Public
- \_\_\_ Private

***I certify the information shown on this application is true and correct.***

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**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: \_\_\_\_\_

**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
- \_\_\_ Other \_\_\_\_\_

**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			
Re-inspection			
Water Conditioner			

**TOTAL COST OF PERMITS:**

\$ \_\_\_\_\_