

CITY OF NORTH CHARLESTON GAS PERMIT APPLICATION

PROJECT NAME _____
 PROJECT ADDRESS# _____ STREET NAME _____ STREET TYPE _____ BUILDING/SUITE/UNIT/LOT# _____
 DESCRIPTION/SCOPE OF WORK (attach full scope or contract): _____ JOB COST AMOUNT _____

RENTAL PROPERTY OWNER OCCUPIED # of STORIES _____ FLOOR AREA SQ. FT. _____

COMMERCIAL PROPERTY New Existing Interior Up Fit Addition Other (please name) _____

CONSTRUCTION USE Office Retail Hospital Warehouse Hotel Other (please name) _____

RESIDENTIAL PROPERTY New Existing Addition Remodel Demolition Other (please name) _____

CONSTRUCTION USE House Apartment Duplex Townhouse Mobile Home Modular Home Condo Other (pls name) _____

OUTLET DESCRIPTION	OUTLET COUNT	FEE
APPLICATION FEE (\$30.00) - non-refundable		
Outlets (1 to 4 \$10.00) ea. add'l \$2.00		
Boiler - One Unit (Burners, Furnaces) \$5.00 ea. add'l \$1.00		
TOTAL OUTLETS AND PERMIT FEE	Total _____	Total _____

Contractor/Installer	Phone	Fax	Email Address
Mailing Address			
State License #	City Business License #	Permit Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	

Property Owner	Phone	Fax	Email Address
Mailing Address			City Business License # (Rental Property Only)

Registered Agent/Leasee	Phone	Fax	Email Address
Mailing Address			City Business License # (Rental Property Only)

This permit is granted on the express condition that said construction shall, in all respects, conform to the ordinances and zoning regulations of this jurisdiction including neighborhood/civic organization's covenants and restrictions, and all applicable building codes regulating the construction and use of buildings. I understand that all work authorized by this permit is subject to inspection and agree that any error, misstatement or misrepresentation of fact with or without intention such as might, if known, cause a refusal of this application and/or that any alteration or change in plans made without approval of Building, Zoning and Fire Inspectors shall constitute sufficient grounds for revocation of this permit. Only the contractor who pulls this permit is allowed to do work. This permit is void if work is not started within SIX (6) months of date of issue or if work stops for a period of SIX (6) months.

Printed Name of Owner or Agent _____ Signature of Owner or Agent _____ Date _____

FOR OFFICIAL USE ONLY

ZONING	BUILDING INSPECTION
Zoning District _____ Overlay District _____	Permit # _____ Master Permit # _____
TMS # _____	Receipt # _____ Permit Fee _____
Processed By _____ Date _____	Processed By _____ Date _____
Comments _____	Comments _____
Approved By _____ Date _____	Approved By _____ Date _____

City of North Charleston, SC

R. KEITH SUMMEY, MAYOR
BUILDING INSPECTIONS DEPARTMENT DARBIS BRIGGMAN, CHIEF BUILDING OFFICIAL

I, _____, of _____
Owner/Contractor Full Name Location of Construction

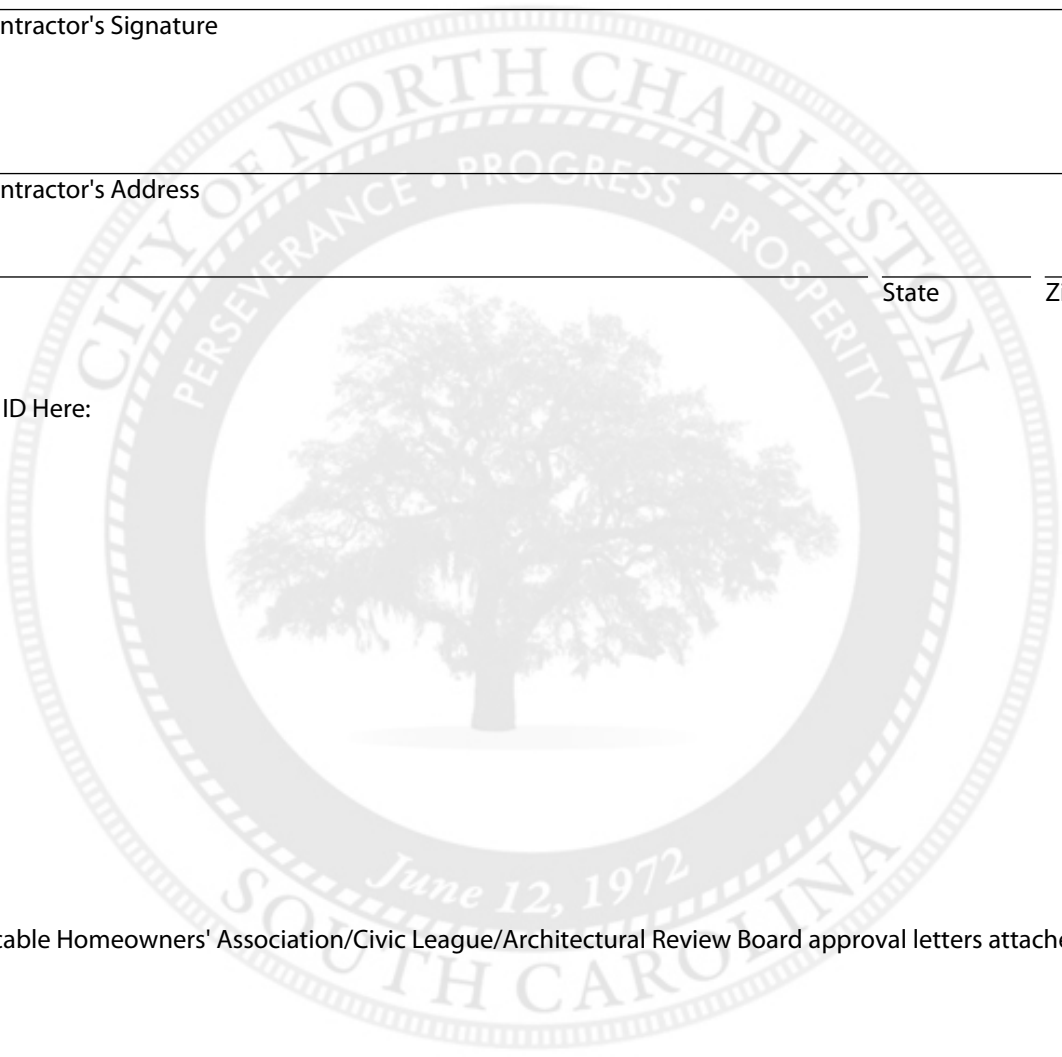
do solemnly swear that my application for permit is not contrary to or prohibited by any recorded covenant as required by SCT SEC 6-29~1145.

Owner's/Contractor's Signature

Owner's/Contractor's Address

City State Zip

Copy Photo ID Here:



Applicable Homeowners' Association/Civic League/Architectural Review Board approval letters attached.

Processed By

Date Processed

Please remember to print a copy of this form for your records.