

**CITY OF NORTH CHARLESTON
PLUMBING 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 _____

CONSTRUCTION USE Office Retail Hospital Warehouse Hotel Other _____

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

CONSTRUCTION USE House Apartment Duplex Townhouse Mobile Home Modular Home Condo Other _____

DESCRIPTION	TOTAL COUNT	FEE	SUBTOTAL
APPLICATION FEE (Non-Refundable)		\$30.00	
Each Plumbing Fixture		\$3.50	
Each House Sewer (New/Repair)		\$6.00	
Each Cesspool		\$6.00	
Each Septic Tank/Seepage/Drain Field		\$6.00	
Each Water Heater and/or Vent		\$3.50	
Installation/Alteration/Repair of H2O Piping and/or Water Treating Equipment		\$6.00	
For Repair/Alteration of Drainage/Vent Piping		\$6.00	
For Vacuum Breakers/Backflow Protection Devices		\$3.50 (1 to 5, each) \$2.00 Over Five, each	
TOTAL FIXTURES AND PERMIT FEE	Total _____		Total _____

Contractor/Installer _____ Phone _____ Fax _____ Email Address _____
 Mailing Address _____
 State License # _____ City Business License # _____ Permit Applicant Yes No

Property Owner _____ Phone _____ Fax _____ Email Address _____
 Mailing Address _____ Permit Applicant Yes No City Business License # _____

Registered Agent/Leasee _____ Phone _____ Fax _____ Email Address _____
 Mailing Address _____ Permit Applicant Yes No City Business License # _____

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					
BUILDING INSPECTION					
Permit # _____	Master Permit # _____	TMS # _____	Receipt # _____	Permit Fee _____	Date _____
Comments _____					
Processed By _____	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

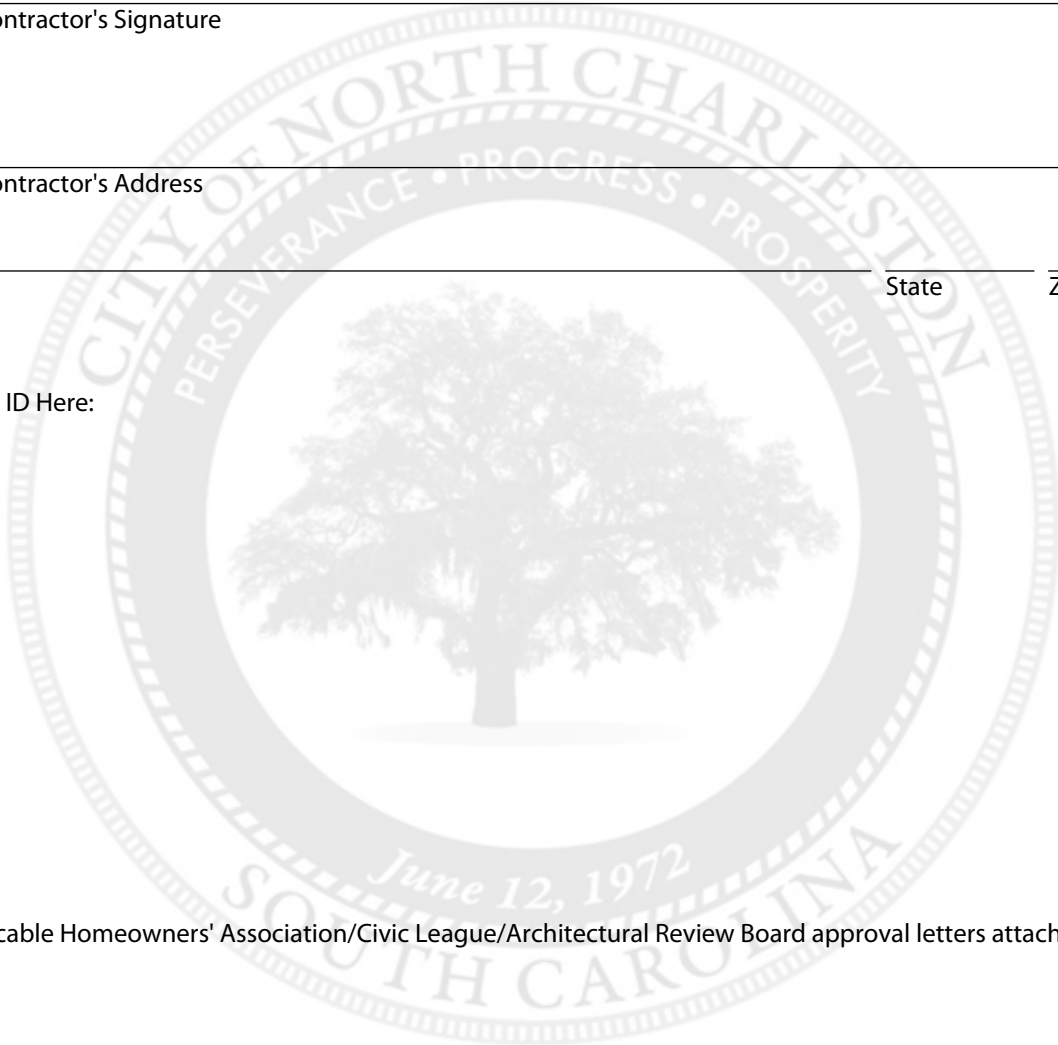
do solemnly swear that my application for permit is not contrary to or prohibited by any recorded covenant as required by
SCT SEC 6-29~1145.

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.