

## CITY OF NORTH CHARLESTON ELECTRICAL 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 Upfit  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 (please name) \_\_\_\_\_

OUTLET DESCRIPTION	TOTAL COUNT	FEE
APPLICATION FEE (\$30.00) - non-refundable	_____	_____
New/Upgrade Services (\$0.25/amp)	_____	_____
Additional/Alterations (\$30.00)	_____	_____
<input type="checkbox"/> Temp-Pole/Trailer Poles/Signs (\$30.00)	_____	_____
<b>TOTAL AMPS AND PERMIT FEE</b>	<b>Total</b> _____	<b>Total</b> _____

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			
		Permit Applicant <input type="checkbox"/> Yes <input type="checkbox"/> No	
		City Business License #	

Registered Agent/Leasee	Phone	Fax	Email Address
Mailing Address			
		Permit Applicant <input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_

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

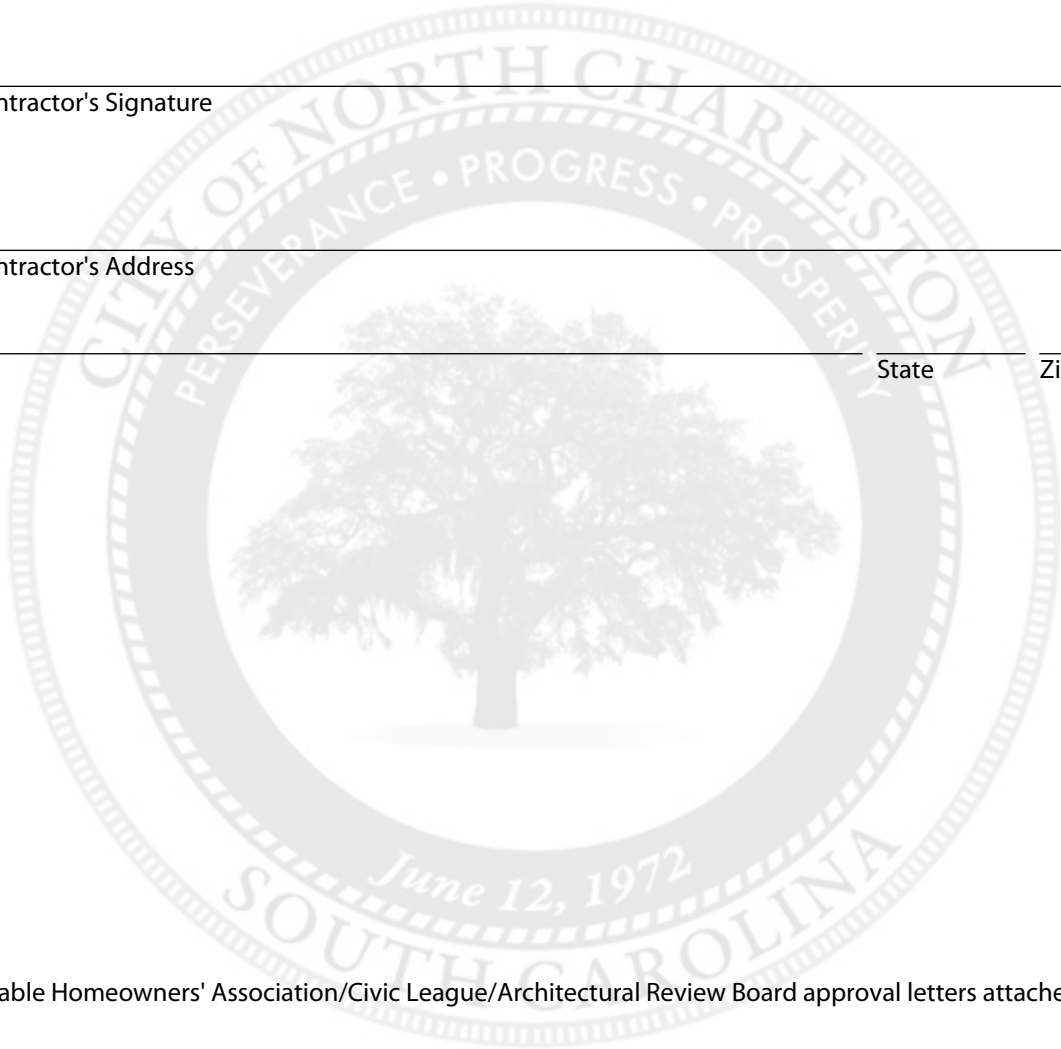
I, \_\_\_\_\_, of \_\_\_\_\_  
Owner/Contractor Full Name Location of Construction

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



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.