



ELECTRICAL PERMIT APPLICATION



PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2
 PROOF OF ID MUST BE SUBMITTED WITH APPLICATION
 (*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE: _____	COMMERCIAL _____ RESIDENTIAL _____	PERMIT FEE: \$ _____	FACILITATOR'S INITIALS _____
PERMIT NUMBER(S): _____		CONV. FEE: \$ _____	
ENGINEER REQUIRED: YES _____ NO _____		TOTAL: \$ _____	

DESCRIPTION OF WORK:

POWER COMPANY: >>>

TYPE OF WORK (check all that apply):

NEW	REMODEL	REPAIRS	ADDITION
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SIZE OF SERVICE:	AMPS	PHASE	VOLTAGE
GROSS SQUARE FOOTAGE OF ENTIRE BUILDING:	GROSS SQUARE FOOTAGE OF THE TENANT SPACE:		

RESIDENTIAL PROJECT: - Complete this section

PARCEL ID #:

PROPERTY OWNER'S NAME:		PROPERTY OWNER'S PHONE # WITH AREA CODE:	
PROPERTY OWNER'S MAILING ADDRESS:	CITY:	STATE:	ZIP:
INSTALLATION STREET ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER'S EMAIL ADDRESS:			

COMMERCIAL PROJECT: - Complete this section

PARCEL ID #:

PROPERTY OWNER'S NAME:		PROPERTY OWNER'S PHONE # WITH AREA CODE:	
NAME OF BUSINESS/LESSEE:	SHOPPING CENTER / DEVELOPMENT NAME:		
BUSINESS MAILING ADDRESS:	CITY:	STATE:	ZIP:
INSTALLATION STREET ADDRESS:	CITY:	STATE:	ZIP:
PROPERTY OWNER'S EMAIL ADDRESS:			

CONTRACTOR CONTACT INFORMATION:		STATE LICENSE (LLR) #:	
BUSINESS NAME:		D/B/A:	
BUSINESS MAILING ADDRESS:		CITY:	STATE: ZIP:
BUSINESS CONTACT'S NAME:		BUSINESS PHONE # WITH AREA CODE:	
BUSINESS CONTACT'S EMAIL ADDRESS:		BUSINESS CONTACT'S PHONE # WITH AREA CODE:	
(*A) CONTRACT AMOUNT:	\$	Do you have a current business license? Yes, #: No	
<p align="center">CONTRACTORS: A CITY BUSINESS LICENSE IS REQUIRED IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.</p> <p align="center">Town of Williamston</p> <p align="center">BUILDING CODES FEE SCHEDULE - EFFECTIVE February 15, 2021</p> <p align="center">FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE</p>			
<p align="center"><u>IMPORTANT NOTES</u></p> <ul style="list-style-type: none"> There must be a properly posted address as required by the SCBC section 502.1, SCRC section R319 and SCFC section 505. RESIDENTIAL ELECTRICAL PROJECTS- Where alterations, repairs, additions or reconnects requiring a permit occur, smoke detectors are required to meet the SCRC as listed in section R314.2.2. RESIDENTIAL POWER RECONNECT - Residential power reconnect to local power purveyor. The current code requirement "Supplemental electrode required" SCRC E3608.4, two 8' grounding rods at a minimum of six feet apart and properly sized continuous conductor with listed connector, or a single with \leq 25-ohm resistance, shall be met. If at time of inspection, inspector cannot enter the residence to ensure smoke detectors are installed, a letter will need to state that prior to calling for the final inspection the contractor confirm the residence has smoke detectors installed as required by the SCRC section R314.2.2. NOTE: If power is off for more than 180 days at the residence a signed letter from a licensed electrician (license number must appear on letter) is required. This letter must state that the residence's electrical system is safe for power connection and a copy must be on file with our office. COMMERCIAL POWER RECONNECT - Commercial power reconnects to local power purveyor. The current NEC will need to be met for grounding electrode system, inspector must verify these requirements, so entering structure may be required. A signed letter from a licensed commercial contractor (license number must appear on letter) is required. This letter must state that the commercial structure's electrical system is safe for power connection and a copy must be on file with our office. For individuals wishing to build and/or improve their own home without the use of a licensed residential builder or specialty contractor, a Residential Disclosure Certification Form is required. This form is available on our website. 			
IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NONREFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.		<p align="center">A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.</p> <p align="center">THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.</p>	
SIGNATURE:			
By signing this application, I hereby certify that I am the owner or an authorized agent of the owner or company performing work stated above. I further certify that all information in this application is true/correct and that all work will comply with the South Carolina State Building Code and all other applicable state and local laws. I understand that if any information provided is found to be incorrect or falsely stated that this permit will be null and void and that I may be responsible for violation of other related laws and local ordinances. The Department Of Building Safety shall be notified of any changes in the approved plans or specifications for the project as permitted.			
APPLICANT'S NAME (printed)		COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:		APPLICANT'S PHONE # WITH AREA CODE:	
APPLICANT'S SIGNATURE:			

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS