



City of Inman
 20 S. Main Street
 Inman, SC 29349
 864-472-6200

BUILDING PERMIT APPLICATION



Department of Building Safety
 CC&I Services, LLC
 4795 South Church St. Ext. - Suite 2
 Roebuck, SC 29376
 864-586-6111

MUST APPEAR IN PERSON TO OBTAIN PERMIT
CONTRACTORS: MUST HAVE A CITY BUSINESS LICENSE PRIOR TO APPLYING FOR PERMIT
(*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE: _____ B _____ F _____ FLOOD _____ PW _____ SIGN _____

PERMIT(S) NUMBERS: _____

FACILITATOR'S INITIALS

PLANS APPROVED? YES _____ NO _____

ZONING APPROVED? YES _____ NO _____

PROPERTY LOCATION/ADDRESS: - Complete this section Parcel ID #:

NAME OF BUSINESS/LESSEE: _____ SHOPPING CENTER / DEVELOPMENT NAME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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: _____

PROJECT CONTACT INFORMATION: PROJECT REVIEW LETTERS WILL BE EMAILED TO ALL PARTIES

PROJECT SUPERINTENDENT: _____ EMAIL ADDRESS: _____ PHONE # WITH AREA CODE: _____

ENGINEER: _____ EMAIL ADDRESS: _____ PHONE # WITH AREA CODE: _____

ARCHITECT: _____ EMAIL ADDRESS: _____ PHONE # WITH AREA CODE: _____

PROPERTY OWNER: _____ EMAIL ADDRESS: _____ PHONE # WITH AREA CODE: _____

DESCRIPTION OF WORK:			
PROPERTY TYPE:		RESIDENTIAL _____	COMMERCIAL _____
TYPE OF WORK (check all that apply):			
NEW	REMODEL	REPAIRS	ADDITION (commercial only)
GROSS SQUARE FOOTAGE OF ENTIRE BUILDING:		GROSS SQUARE FOOTAGE OF THE TENANT SPACE:	
UTILITIES / SEWER: RESIDENTIAL ONLY		SEWER: Plans Required for New Construction or Adding Fixtures: Two (2) Copies of Site and Drainage Plans	
POWER COMPANY:		SEWER:	
GAS COMPANY:		CITY OF: INMAN	
		PAID RECEIPT REQUIRED	
CHANGE OF USE:		YES	NO
ZONING DISTRICT:		Project Type:	
		Single Tenant	Multi-Tenant
		Is the building over 5,000 Sq. Ft.?	
		YES	NO
		Multi-Family:	
		Condominium	Apartments
		Has the site been vacant over 180 days?	
		YES	NO
(*A) CONTRACT AMOUNT:		\$ _____	Do you have a current business license?
			Yes, #: _____ No
CONTRACTORS: YOU MUST PURCHASE A CITY BUSINESS LICENSE IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.			
City of Inman BUILDING CODES FEE SCHEDULE - EFFECTIVE December 5, 2019 For information on how to apply and calculate residential/commercial fees please click on the link: www.cciservicesllc.com/inmanbuildingsafety Table 1 BVD Chart			

Building Permit

RESIDENTIAL

Construction Cost

All \$4.75 per thousand (\$32.00 minimum)

Plan Review Fee..... \$53.00

TOTAL PERMIT FEE \$

COMMERCIAL

Construction Cost

\$1.00 - \$9,999.99..... \$53.00 (minimum)

over \$10,000.00..... \$53.00 plus \$2.75 per thousand over \$10,000

Plan Review Fee..... \$53.00 (minimum)

TOTAL PERMIT FEE \$

IN THE EVENT OF A REQUEST FOR CANCELLATION OR REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PERMIT FEE (residential/commercial) WILL BE NON-REFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION (Building, Mechanical, Plumbing, Electrical, Fire). ONCE A PERMIT EXPIRES, ALL FEES ARE NON-REFUNDABLE, INCLUDING THE MINIMUM FEE.

RE-INSPECTION FEE

For 2nd and subsequent inspections..... \$53.00

A 3% CONVENIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS.

PERMIT RENEWAL &/or UPDATE FEE

\$53.00 per each renewal.

THERE WILL BE A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.

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 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.

All work shall comply with Ordinances and International Codes. I certify the information given on this application is true and correct.

APPLICANT NAME (PRINTED):	COMPANY NAME:	TITLE:
APPLICANT'S EMAIL ADDRESS:		APPLICANT'S PHONE # WITH AREA CODE:
APPLICANT'S SIGNATURE:		