



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

# SITE WORK 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 \_\_\_\_\_

PERMIT(S) NUMBERS: \_\_\_\_\_

FACILITATOR'S INITIALS

PLANS APPROVED? YES \_\_\_\_\_ NO \_\_\_\_\_

ZONING APPROVED? YES \_\_\_\_\_ NO \_\_\_\_\_

**PROPERTY TYPE:**

RESIDENTIAL

COMMERCIAL

**PROPERTY LOCATION/ADDRESS: - Complete this section**

Parcel ID #:

SUBDIVISION:

DEVELOPMENT NAME:

PROPERTY STREET ADDRESS:

CITY:

STATE:

ZIP:

LOT #:

BUILDING #:

**PROPERTY OWNER'S INFORMATION (if not the applicant):**

PROPERTY OWNER'S NAME:

PROPERTY OWNER'S PHONE # WITH AREA CODE:

PROPERTY OWNER'S STREET ADDRESS:

CITY:

STATE:

ZIP:

PROPERTY OWNER'S MAILING 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:

**TYPE OF WORK:**

Creating or Expanding an Asphalt or Concrete Area  
Grading and Seeding Only  
Completing Site Work (including Utilities, Grading, Paving and Foundation) for future building construction  
Other:

\*\* Additional permits will be required for future building construction.

<b>GROSS SQUARE FOOTAGE:</b>	EXISTING	NEW
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**DESCRIPTION OF WORK:**


<b>(*A) CONTRACT AMOUNT:</b>	\$	Do you have a current business license? Yes, #: No
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**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](http://www.cciservicesllc.com/inmanbuildingsafety) Table 1 BVD Chart

# Site Work Permit

**RESIDENTIAL**

Construction Cost

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

Plan Review Fee.....\$32.00

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 MAILING ADDRESS:	CITY:	STATE:	ZIP:
APPLICANT'S EMAIL ADDRESS:		APPLICANT'S PHONE # WITH AREA CODE:	
APPLICANT'S SIGNATURE:			