



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

ROOFING 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: _____ RESIDENTIAL _____
 PERMIT NUMBER(S): _____ COMMERCIAL _____

FACILITATOR'S INITIAL

ROOFING INFORMATION:

NOTE: Contractor must contact Department of Building Safety upon completion of work to close out permit.

Re-Roof Re-Shingle New Roof System (*Plans Required)

TYPE OF MATERIALS USED:

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

Contractors: YOU MUST PURCHASE A CITY BUSINESS LICENSE IN ORDER TO 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

Roofing 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

PERMIT RENEWAL &/or UPDATE FEE

\$53.00 per each renewal.

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

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