



7300 Woodrow Street
P.O. Box 406
Irmo, SC 29063
703-781-7050

ROOFING PERMIT APPLICATION



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

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: _____ 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.

Town of Irmo
BUILDING CODES FEE SCHEDULE - EFFECTIVE August 1, 2020
FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE

IMPORTANT NOTES

- Once roof has been completed a final inspection is required to close out the permit. Permits that are not closed out within our system could prevent processing of future permit applications.
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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.

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.

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:		

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