



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

# ELECTRICAL 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 \_\_\_\_\_ ENGINEER REQUIRED \_\_\_\_\_  
PERMIT NUMBER(S): \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

FACILITATOR'S INITIALS  
\_\_\_\_\_

**DESCRIPTION OF WORK:**

**POWER COMPANY:** >>>

**TYPE OF WORK (check all that apply):**

NEW                      REMODEL                      REPAIRS                      ADDITION

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:

<b>CONTRACTOR CONTACT INFORMATION:</b>	STATE LICENSE (LLR) #:
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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:		

<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

**Electrical Permit**

<b>RESIDENTIAL</b>	
<u>Construction Cost</u>	
\$1.00 - \$1,999.99.....	\$32.00 (minimum)
\$2000.00 and Up.....	\$32.00 plus \$4.75 per thousand over \$2,000
TOTAL PERMIT FEE	\$ <input style="width: 100px;" type="text"/>

<b>COMMERCIAL</b>	
<u>Construction Cost</u>	
\$1.00 - \$1,999.99.....	\$53.00 (minimum)
\$2,000.00 - \$49,999.99.....	\$53.00 plus \$5.25 per thousand over \$2,000
\$50,000.00 - \$99,999.99.....	\$265.00 plus \$4.25 per thousand over \$50,000
\$100,000.00 - \$149,999.99.....	\$420.00 plus \$3.25 per thousand over \$100,000
\$150,000.00 - \$199,99.99.....	\$525.00 plus \$2.50 per thousand over \$150,000
\$200,000.00 and UP.....	\$600.00 plus \$2.00 per thousand over \$200,000
TOTAL PERMIT FEE	\$ <input style="width: 100px;" type="text"/>

**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.**

<b>RE-INSPECTION FEE</b> For 2nd and subsequent inspections..... \$53.00
<b>PERMIT RENEWAL &amp;/or UPDATE FEE</b> \$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.

**\*\*\* IF POWER HAS BEEN DISCONNECTED FOR 180 DAYS OR MORE, A LETTER MUST BE PROVIDED FROM A LICENSED ELECTRICAL CONTRACTOR STATING ELECTRICAL IN STRUCTURE IS GOOD.**

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