



129 Rowes Pump Dr.
PO Box 95
Rowesville, SC 29133
803-534-2745

SOLAR PHOTOVOLTAIC PV 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: _____

PERMIT NUMBER(S): _____

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|-----------------------|
| FACILITATOR'S INITIAL |
| _____ |

DESCRIPTION OF WORK:

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CHECK ONE: RESIDENTIAL COMMERCIAL

LOCATION INFORMATION:

ROOF TOP OTHER (describe)

NAME OF POWER COMPANY - required:

RESIDENTIAL PROJECT: - Complete this section **PARCEL ID #:**

| | |
|------------------------|-------------------------------------|
| PROPERTY OWNER'S NAME: | PROPERTY OWNER'S PHONE # 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 # 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/INSTALLER CONTACT INFORMATION: | | STATE LICENSE (LLR) #: | |
| BUSINESS NAME: | D/B/A: | | |
| BUSINESS MAILING ADDRESS: | CITY: | STATE: | ZIP: |
| BUSINESS CONTACT'S NAME: | | BUSINESS PHONE # AREA CODE: | |
| BUSINESS CONTACT'S EMAIL ADDRESS: | | | |
| (*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.

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

IMPORTANT INFORMATION

- DWELLING: Must be designed and installed in accordance with manufacturer's specifications, the SCRC and NFPA-70.
- COMMERCIAL: Must be designed and installed in accordance with manufacturer's specifications, the SCBC and NFPA-70.
- Roof structures that provide support for PV panel systems shall be designed by a registered SC Structural Engineer. If no additional support is required for the roof a stamped letter must be provided from the engineer.
- Designs that require additional roof support must obtain a building permit.

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.

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|----------------------------|---------------|-------------------------------------|
| 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