



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

MECHANICAL 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 INITIAL

DESCRIPTION OF WORK:

TYPE OF WORK (check all that apply) :

NEW REMODEL CHANGE OUT EQUIPMENT REPAIRS ADDITION

GROSS SQUARE FOOTAGE OF ENTIRE BUILDING:

GROSS SQUARE FOOTAGE OF THE TENANT SPACE:

IF UNIT IS BEING INSTALLED ON ROOF, PLEASE COMPLETE SECTION BELOW:

EXISTING UNIT:

PROPOSED UNIT:

PHYSICAL WEIGHT OF UNIT:

PHYSICAL WEIGHT OF UNIT:

PHYSICAL WEIGHT OF CURBING:

PHYSICAL WEIGHT OF CURBING:

If the Existing Unit is not supported with curbing, and curbing is being proposed,

please provide specifications of curbing to be used with the new unit.

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 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 Table 1 BVD Chart

Mechanical Permit

RESIDENTIAL

Construction Cost

\$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 \$

COMMERCIAL

Construction Cost

\$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 \$

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:		