ENCROACHMENT PERMIT APPLICATION

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

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

PLEASE DIRECT ALL QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2
PROOF OF ID MUST BE SUBMITTED WITH APPLICATION
CONTRACTORS: MUST HAVE A CITY BUSINESS LICENSE PRIOR TO APPLYING FOR PERMIT

OFFICE USE ONLY:

APPLICATION SUBMITTAL DATE:_____	PW_____	PERMIT FEE: $_____	FACILITATOR'S INITIALS
ENCROACHMENT PERMIT#: _____		CONV. FEE: $_____	
ZONING APPROVED? YES____ NO_____	FLOOD_____	TOTAL:$_____	_____

DESCRIPTION OF WORK:

Include any street or lane closures as well as any structures that will be placed on the street or sidewalk.

TYPE OF WORK (check all that apply) :

SEWER ENCROACHMENT ☐ UTILITY ENCROACHMENT ☐ STREET ENCROACHMENT ☐

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:
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:
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

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

HERE WILL BE A $30.00 SERVICE FEE ON ALL RETURNED CHECKS.

ENCROACHMENT PERMIT FEE $50.00

There shall be no excavation of soil nearer than two (2) feet of any public utility line or appurtenant facility except with the consent of the owner hereof, or except upon special permission of this Department after an opportunity to be heard is given the owner of such line or appurtenant facility.

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 al 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. 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 o 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

Submit