

STREET NUMBER: _____ STREET NAME: _____

PERMIT NUMBER

PROPERTY OWNER: _____ PHONE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTRACTOR: _____ PHONE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ROOFING LICENSE #: _____

BUILDING PERMIT FEE: _____

PROPERTY TAX I.D. # _____

CITY OF CHARLESTON – ZONING USE AND BUILDING PERMIT

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR PERMITS AS REQUIRED BY CITY ORDINANCES AND CODES.

Contractor or Owner is responsible for all property line locations and Subdivision restrictions.

Contractor or Owner is responsible for calling the City at 217.345.5650, for all required inspections.

Contractor or Owner is responsible for obtaining a ROW permit for any work done on City ROW before working on City ROW.

Please contact Peggy at 217.345.5650 for the ROW permit.



NO REFUNDS ON ANY PERMITS

TYPE OF IMPROVEMENT:

- ___ New Building
- ___ Addition
- ___ Alteration
- ___ Repair, Replacement
- ___ Moving
- ___ *Type of Building* _____
- ___ Other _____

SCOPE OF WORK: _____

PRINCIPAL TYPE OF FRAME:

- ___ Masonry
- ___ Structural Steel
- ___ Wood Frame
- ___ Reinforced
- ___ Concrete

COST OF CONSTRUCTION:

\$ _____

FOR RESIDENTIAL BUILDINGS ONLY:

Number of Bedrooms: _____

Number of Bathrooms: _____

NUMBER OF DWELLING UNITS:

Existing : _____

Added: _____

Deducted: _____

BASEMENT:

- ___ Yes
- ___ No

NUMBER OF UNITS TO BE

CONSTRUCTED: _____

TENURE:

- ___ Owner Occupied
- ___ To Be Rented
- ___ To Be Sold

NUMBER OF STORIES: _____

NON RESIDENTIAL USE:

- ___ Number of Bathrooms: _____
- ___ Church, Religious Building
- ___ Industrial, Storage Building
- ___ Parking Garage
- ___ Accessory Garage
- ___ Car Port
- ___ Tool Shed
- ___ Service Station, Repair Garage
- ___ Hospital, Nursing Home
- ___ Office, Bank, Professional
- ___ Public Works, Utility Building
- ___ School, College, Education
- ___ Store, Mercantile, Restuarant
- ___ Swimming Pool
- ___ Tank, Tower, Sign
- ___ Other: _____

TYPE OF SEWAGE DISPOSAL:

- Public _____
- Private _____

OWNERSHIP:

- ___ Private
- ___ Public

RESIDENTIAL USE:

- ___ One Family
- ___ One Family/Attached Garage
- ___ Mobile Home
- ___ Two Family
- ___ Three Family
- ___ Tool Shed
- ___ Four Family
- ___ Five Families or More
- ___ Motel or Hotel
- ___ Accessory Garage
- ___ Carport
- ___ Swimming Pool

TYPE OF HEATING FUEL:

- ___ Gas
- ___ Oil
- ___ Coal
- ___ Electricity
- ___ Other _____

TYPE OF WATER SUPPLY:

- ___ Public
- ___ Private

I certify the information shown on this application is true and correct.

Signed: _____

Dated: _____

H.V.A.C PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

Type of Heating System: _____

Type of Cooling System: _____

Type of Ventalation: _____

Refrigeration Units: _____

Fire Suppression System: _____

Other: _____

ELECTRICAL PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

- ___ Temporary Pole Service
- ___ New Service - Single Family Dwelling
- ___ Rewire - Single Family Dwelling
- ___ New Service - _____ Multi-Family Units
- ___ Garage - Residential
- ___ Central Air Conditioning - Residential
- ___ Room Addition - Residential
- ___ Sign
- ___ Contractor Caused Reinspection
- ___ Work Started Prior to Permit
- ___ Commerical or Industrial Contract Price
- ___ Other _____

APPROVALS

Building: _____ Date: _____

Zoning: _____ Date: _____

Fire: _____ Date: _____

Engineer: _____ Date: _____

Conditions: _____

PLUMBING PERMIT

Contractor: _____

Address: _____

Phone: _____ Fee: _____

Residential: _____

Commercial: _____

	Basement	First Floor	Second Floor
Water Closet			
Lavatory			
Kitchen Sink			
Urinal			
Service Sink			
Floor Drains			
Washer Traps			
Shower			
Bathtub			
Water Heater			
Sprinkler System			
Re-inspection			
Water Conditioner			

TOTAL COST OF PERMITS:

\$ _____