



# CHARLESTON COUNTY BUILDING INSPECTION SERVICES Contractor License Application

Applications **will not be accepted unless dated and signed**. Return completed form with a **copy of your current SC State License/Registration card**. If you need further information or assistance, call (843) 202-6930.

1. Applicant Name: \_\_\_\_\_
2. Company Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_
3. Cell Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_
4. Physical Address: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
7. E-Mail Address: \_\_\_\_\_
8. SC State License/Registration Number \_\_\_\_\_ Limitation: \_\_\_\_\_
9. Classification(s): \_\_\_\_\_

I certify that all of the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Principal or Qualifier \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Principal or Qualifier

<b><u>Fees</u></b>		<b><u>Total</u></b>
Application Fee (Non-Refundable)	\$50.00	\$
License Fee	\$50.00	\$
<b><u>Vehicle Decal(s)</u></b>		
Full Set	Qty: _____ @ \$ 6.00	\$
<b>Total Due:</b>		\$

**Make check payable to: Charleston County Building Inspection Services**  
**Mailing Address: 4045 Bridgeview Dr. Rm. A-311; N. Charleston, SC 29405**  
**Physical Address: 4045 Bridgeview Dr. Rm. A-113; N. Charleston, SC 29405**