



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

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

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

