



# CHARLESTON COUNTY BUILDING INSPECTION SERVICES



## County **ONLY** Contractor- Commercial License Application

Applications **will not be accepted unless dated and signed. For Commercial Trade Applicants, only three (3) classifications per application.** Mail completed forms (pages 1 and 2) to the address on page 2. If you need further information or assistance, call (843) 202-6930. **Non-refundable application fee of \$50.00 must accompany application.**

1. Company Name: \_\_\_\_\_
2. Applicant's Name: \_\_\_\_\_
3. Physical Address: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. E-Mail Address: \_\_\_\_\_
7. Name of Principle Party: \_\_\_\_\_
8. Work Classification(s): \_\_\_\_\_
9. Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Principal Party

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Int. \_\_\_\_\_

Date Approved : \_\_\_\_\_

License No: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Cash: \_\_\_\_\_

Issued By: \_\_\_\_\_

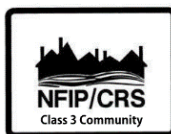
Check No.: \_\_\_\_\_

Entered By: \_\_\_\_\_

\_\_\_\_\_

Verified By: \_\_\_\_\_

Date Issued: \_\_\_\_\_





# CHARLESTON COUNTY BUILDING INSPECTION SERVICES



## County ONLY Contractor-Commercial License Application (continued)

Select the type of classification below by checking appropriate box:  
**(LIMIT OF (3) THREE CLASSIFICATIONS PER APPLICATION)**

Type of Classification:	Registration Fee (Each \$50)	Total
Vinyl/Aluminum Siding	<input type="checkbox"/>	@\$50.00 _____
Insulation	<input type="checkbox"/>	@\$50.00 _____
Roofing	<input type="checkbox"/>	@\$50.00 _____
Floor Covering	<input type="checkbox"/>	@\$50.00 _____
Low Voltage Electrical	<input type="checkbox"/>	@\$50.00 _____
Masonry(under \$5000)	<input type="checkbox"/>	@\$50.00 _____
Drywall	<input type="checkbox"/>	@\$50.00 _____
Carpentry/Light Gauge	<input type="checkbox"/>	@\$50.00 _____
Metal	<input type="checkbox"/>	@\$50.00 _____
Stucco	<input type="checkbox"/>	@\$50.00 _____
Painting/Wallpaper	<input type="checkbox"/>	@\$50.00 _____
Signs	<input type="checkbox"/>	@\$50.00 _____
<b>Vehicle Decals</b>		
Full Set @ \$6.00 each	_____ Set(s)	\$ _____
		<b>Sub-Total:</b> \$ _____
		<b>Application Fee</b> + 50.00
		<b>TOTAL DUE:</b> \$ _____

**◇ You will need to submit an authorization letter for anyone other than the principal party to pull permits. If authorization letter is not sent to us, the principal party will be the only authorized person to pull permits.**

### Payment by Mail:

Make check payable to Charleston County Building Inspections and forward with **both forms** completed to:

Charleston County Building Inspections  
4045 Bridge View Dr., Room A311  
North Charleston, SC 29405-7464

### Payment In-Person:

Complete **both forms** and deliver to:

Charleston County Building Inspections  
4045 Bridge View Dr., Room A113  
(1<sup>st</sup> Floor, Lonnie Hamilton, III Public Services Building)



<p><b>Hakim Bayoud</b> Director</p> <p>Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive, Room A311 North Charleston, SC 29405-7464</p>	 <p><b>BUILDING INSPECTION SERVICES</b></p>	<p>Administration 843.202.6940 Fax: 843.202.6954</p> <p>Inspections and Contractor Licensing 843.202.6930 Fax: 843.202.6936</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

**AFFIDAVIT OF WORK EXPERIENCE**

CHOOSE ONE CLASSIFICATION IN WHICH YOU WISH TO BECOME LICENSSED AND INDICATE THE NUMBER OF YEARS EXPERIENCE YOU HAVE ACQUIRED. ONLY ONE (1) CLASSIFICATION PER APPLICATION. A MINIMUM OF ONE (1) YEAR EXPERIENCE IS REQUIRED.

Vinyl/Aluminum Siding	_____ years	Drywall	_____ years
Insulation	_____ years	Carpentry/Light Gauge Metal	_____ years
Roofing	_____ years	Stucco	_____ years
Floor Covering	_____ years	Painting/Wallpaper	_____ years
Low Voltage Electrical	_____ years	Signs	_____ years
Masonry(under \$5000)	_____ years		

I CERTIFY THE NUMBER OF YEARS EXPERIENCE I HAVE INDICATED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL PARTY

\_\_\_\_\_  
PRINT NAME

**THREE (3) LETTERS OF REFERENCE ARE REQUIRED**

- These references should demonstrate that the applicant has good character, skills, and knowledge
- References should provide general experience with the applicant
- Format letters may not be accepted
- All reference letters should reflect the applicant and not the company
- Each letter must include a phone number for reference verification

Any application without the required number of references will be considered incomplete and the application will be returned.