

CHARLESTON COUNTY BUILDING INSPECTION SERVICES



County ONLY Contractor-Residential License Application

Applications will not be accepted unless dated and signed. Mail completed forms (pages 1-3) 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. I cert		Cell Phone No.:		
		on is true and accurate to the best of r		
I cert	ify that all of the above informati		ny knowledge.	
I cert	ify that all of the above informati	on is true and accurate to the best of r	ny knowledge.	
I cert	ify that all of the above informati	on is true and accurate to the best of r	ny knowledge.	
I cert Sig	ify that all of the above informati nature of Principal Party	on is true and accurate to the best of r	ny knowledge.	
I cert Sig FOR Appr Lice Red	ify that all of the above informati nature of Principal Party OFFICE USE ONLY	on is true and accurate to the best of r Int Date A Amour Cash:	ny knowledge. Date pproved :	



CHARLESTON COUNTY BUILDING INSPECTION SERVICES



County ONLY Contractor-Residential License Application (continued)

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

	Registration Fee (Each \$50)			Total
Type of Classification:				
Residential Site Development		@\$50.00		
Low Voltage Electrical		@\$50.00		
Elevators		@\$50.00		
Countertops		@\$50.00		
Cabinets		@\$50.00		
Shower door, Shelving, Mirrors		@\$50.00		
Vehicle Decals				
Full Set @ \$6.00 each		Set(s)		
			Sub-Total:	\$
			Application Fee	\$
			TOTAL DUE:	+ 50.00
				\$

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 <u>Charleston County Building Inspections</u> 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 st Floor, Lonnie Hamilton, III Public Services Building)

Hakim Bayyoud Director

Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive, Room A311 North Charleston, SC 29405-7464



Administration 843.202.6940 Fax: 843.202.6954

Inspections and Contractor Licensing 843.202.6930 Fax: 843.202.6936

BUILDING INSPECTION SERVICES

AFFIDAVIT OF WORK EXPERIENCE

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

Residential Site Development	years
Low Voltage Electrical	years
Elevators	years
Countertops	years
Cabinets	years
Shower door, Shelving, Mirrors	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