

<p>Hakim Bayoud Director</p> <p>Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive, Room A311 North Charleston, SC 29405-7464</p>	 <p>CHARLESTON COUNTY SOUTH CAROLINA</p> <p>BUILDING INSPECTION SERVICES</p>	<p>Administration 843.202.6940 Fax: 843.202.6954</p> <p>Inspections and Contractor Licensing 843.202.6930 Fax: 843.202.6936</p>
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The following is provided as required by Charleston County Building Inspection Services:

Elevator Installation Certification Statement

Address: _____

Tax Map Number (TMS)/Parcel Identification #: _____

Elevator Permit Number: _____

I, _____, a third party or certified installer, have inspected the installed elevator and/or platform lift at the above address. It complies with 2018 IBC and IRC codes and is designed to ASME 17.1 standards as well as the applicable fire codes and manufacturer specifications.

If the elevator is installed in a building in the Special Flood Hazard Area (Flood Zones A, AE, V, VE), please fill out the below statement.

I, _____, a third party or certified installer, certify that the installed elevator and/or platform lift at the above address meets FEMA Technical 1 and 4 requirements for flood openings and elevator installation in the Special Flood Hazard Area.

Signature of Third Party/Certified Inspector

Date



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