

The following is provided as required by Charleston County Building Inspection Services:

Lightning Protection Form

Address: _____

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

Electrical Low Voltage Permit Number: _____

I, ______, a licenced third party or licensed installer, have inspected the installed lightning protection at the above address and certify that it complies with NFPA 780, UL 96A, LPI-175, and NFPA 70 (NEC-2020).

Signature of Licensed Third Party/ Licensed Installer

Date



Professionally We Serve, Personally We Care!

www.charlestoncounty.org

