



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.**

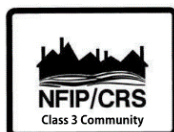
1. Company Name: _____
2. Applicant's Name: _____
3. Physical Address: _____
4. Mailing Address: _____
5. City: _____ State: _____ Zip Code: _____
6. E-Mail Address: _____
7. Name of Principle Party: _____
8. Work Classification(s): _____
9. Phone No.: _____ Cell Phone No.: _____ Fax No.: _____

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: _____	Date Issued: _____
Verified By: _____	





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)

Type of Classification:	Registration Fee (Each \$50)		Total
Residential Swimming Pools	<input type="checkbox"/>	@\$50.00	_____
Residential Site Development	<input type="checkbox"/>	@\$50.00	_____
Low Voltage Electrical	<input type="checkbox"/>	@\$50.00	_____
Elevators	<input type="checkbox"/>	@\$50.00	_____
Countertops	<input type="checkbox"/>	@\$50.00	_____
Cabinets	<input type="checkbox"/>	@\$50.00	_____
Shower door, Shelving, Mirrors	<input type="checkbox"/>	@\$50.00	_____

Vehicle Decals

Full Set @ \$6.00 each _____ Set(s) \$ _____

Sub-Total:	\$ _____
Application Fee	+ 50.00
TOTAL DUE:	\$ _____

◇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:

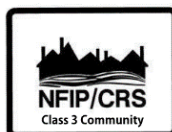
Make check payable to Charleston County Building Inspections and forward with **both forms** completed to:

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
(1st Floor, Lonnie Hamilton, III Public Services Building)



<p>Hakim Bayyoud Director</p> <p>Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive, Room A311 North Charleston, SC 29405-7464</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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AFFIDAVIT OF WORK EXPERIENCE

CHOOSE ONE CLASSIFICATION IN WHICH YOU WISH TO BECOME **LICENSED** 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

- Residential Swimming Pools _____ years
- 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

