

803-625-3243

ELECTRICAL PERMIT APPLICATION



Department of Building Safety 4795 South Church St. Ext. - Suite 2 Roebuck, SC 29376 864-586-6111

PLEASE DIRECT ANY QUESTIONS TO PERMITS@CCISERVICESLLC.COM OR 864-586-6111 EXT 2

PROOF OF ID MUST BE SUBMITTED WITH APPLICATION

(*A) MUST PROVIDE COPY OF SIGNED CONTRACT CONTAINING DOLLAR AMOUNT FOR SCOPE OF WORK

	C	OFFICE US	E ONLY:					
PERMIT NUMBER(S): ENGINEER REQUIRED: YESNO				PERMIT FEE: \$CONV. FEE: \$				EACH ITATOR'S
		COMMER						FACILITATOR'S INITIALS
		RESIDENTIAL		TOTAL: \$				
DESCRIPTION OF WORK:								
	>>							
TYPE OF WORK (check all that	apply):							
NEW	REMODEL		REPAIRS		ADDITIO	ON		
SIZE OF SERVICE: AMPS	PHAS	PHASE			VOLTAGE			
GROSS SQUARE FOOTAGE OF ENTIRE BUILDING:		GROSS SQUARE FOOTAGE OF THE			ENANT S	PACE:		-
RESIDENTIAL PROJECT: - Complete	this section		PARCEL ID #	:				
PROPERTY OWNER'S NAME:			PROPERTY OWNER'S PHONE # WITH AREA CODE:					
PROPERTY OWNER'S MAILING ADDRESS:			CITY:			STATE:	ZIP:	
INSTALLATION STREET ADDRESS:			CITY:			STATE:	ZIP:	
PROPERTY OWNER'S EMAIL ADDRESS:					ı			
COMMERCIAL PROJECT: - Complete this section			PARCEL ID #:					
PROPERTY OWNER'S NAME:			PROPERTY OWNER'S PHONE # WITH AREA CODE:					
NAME OF BUSINESS/LESSEE:			SHOPPING CENTER / DEVELOPMENT NAME:					
BUSINESS MAILING ADDRESS:			CITY:			STATE:	ZIP:	
INSTALLATION STREET ADDRESS:			CITY:			STATE:	ZIP:	
PROPERTY OWNER'S EMAIL ADDRESS:								

			STATE LICENSE (LI	D) #.						
CONTRACTOR CONTACT INFORMA	TION:		STATE LICENSE (LL	.n.j #:						
BUSINESS NAME:			D/B/A:							
BUSINESS MAILING ADDRESS:	C	CITY:		STATI	E: ZIP:					
BUSINESS CONTACT'S NAME:			BUSINESS PHONE # WITH AREA CODE:							
BUSINESS CONTACT'S EMAIL ADDRESS:		BUSINESS CONTACT'S PHONE # WITH AREA CODE:								
(*A) CONTRACT AMOUNT:	\$	Do you have a current business license? Yes, #: No								
CONTRACTORS: A CITY BUSINESS LICENSE IS REQUIRED IN ORDER TO OBTAIN A PERMIT AND CONDUCT WORK.										
Town of Estill BUILDING CODES FEE SCHEDULE - EFFECTIVE April 10, 2023 FEE SCHEDULE IS LOCATED UNDER PERMITS ON THE WEBSITE										
IMPORTANT NOTES										
 RESIDENTIAL ELECTRICAL PROJECTS- Where alterations, repairs, additions or reconnects requiring a permit occur, smoke detectors are required to meet the SCRC as listed in section R314.2.2. RESIDENTIAL POWER RECONNECT - Residential power reconnect to local power purveyor. The current code requirement "Supplemental electrode required" SCRC E3608.4, two 8' grounding rods at a minimum of six feet apart and properly sized continuous conductor with listed connector, or a single with =/< 25-ohm resistance, shall be met. If at time of inspection, inspector cannot enter the residence to ensure smoke detectors are installed, a letter will need to state that prior to calling for the final inspection the contractor confirm the residence has smoke detectors installed as required by the SCRC section R314.2.2. NOTE: If power is off for more than 180 days at the residence a signed letter from a licensed electrician (license number must appear on letter) is required. This letter must state that the residence's electrical system is safe for power connection and a copy must be on file with our office. COMMERCIAL POWER RECONNECT - Commercial power reconnects to local power purveyor. The current NEC will need to be met for grounding electrode system, inspector must verify these requirements, so entering structure may be required. A signed letter from a licensed commercial contractor (license number must appear on letter) is required. This letter must state that the commercial structure's electrical system is safe for power connection and a copy must be on file with our office. For individuals wishing to build and/or improve their own home without the use of a licensed residential builder or specialty contractor, a Residential Disclosure Certification Form is required. This form is available on our website. 										
REFUND OF A PERMIT, IF GRANTED, THE MINIMUM PFFEE (residential/commercial)WILL BE NONREFUNDABLE. ALL PERMITS EXPIRE 6 MONTHS (180 days) AFTER ISSUANCE OR LAST INSPECTION. ONCE A PERMIT EXPLALL FEES ARE NON-REFUNDABLE, INCLUDING THE MININMUM FEE.	IIENCE FEE WILL BE ADDED TO ALL CREDIT/DEBIT CARD PAYMENTS. E A \$30.00 SERVICE FEE ON ALL RETURNED CHECKS.									
SIGNATURE:										
By signing this application, I hereby certify that I am the owner in this application is true/correct and that all work will compif any information provided is found to be incorrect or falsel and local ordinances. The Department Of Building Safety shall be	ply with the South Carolina S y stated that this permit will	itate Building be null and	g Code and all other void and that I ma	r applicable sta y be responsib	ate and local laws. I understand that le for violation of other related laws					
APPLICANT'S NAME (printed)	COMPANY NAME:			TITLE:						
APPLICANT'S EMAIL ADDRESS:					HONE # WITH AREA					
APPLICANT'S SIGNATURE:				CODE:						

PERMIT REQUESTS RECEIVED AFTER 4:00pm WILL BE PROCESSED THE NEXT BUSINESS DAY

PLEASE CLICK THE SUBMIT BUTTON TO SEND YOUR COMPLETED APPLICATION AND ATTACH ALL REQUESTED DOCUMENTS